

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/12/2024
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NAME OF PROVIDER OR SUPPLIER STOCKTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 264 LILLIE LANE CANTON, NC 28716
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 7/12/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>The facility is licensed for 2 and has a current census of 2. The survey sample consisted of an audit of 2 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #2).</p> <p>Record review on 7/12/24 for Staff #2 revealed: Date of hire: 10/16/18 Date of first Aid/CPR training: 5/10/22</p> <p>Interview on 7/12/24 with the Qualified Professional revealed: -Staff #2 provided the facility as backup support but also worked for another provider company. She had completed first aid/CPR with them but has been unable to get her verification.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1).</p> <p>Record review on 7/11/24 for Client #1 revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Date of admission: 1/1/19 -Diagnoses: Autism spectrum disorder, Profound intellectual developmental disability, Non-verbal. -There was no physician's order for Trazodone.</p> <p>Review on 7/12/24 of MARs 5/1/24-7/11/24 for Client #1 revealed: -Trazodone 100mg (milligram) was documented as administered from 6/17-7/11/24. -There was no documentation as to how many tablets were administered only staff initials.</p> <p>Observation on 7/11/24 at approximately 11am of Client #1's medication revealed 1 bottle of Trazodone 100mg dispensed on 6/17/24 with label instructions to give 1 or 2 tablets at bedtime as needed.</p> <p>Interview on 7/11/24 with Client #1 was attempted but she did not respond to questions.</p> <p>Interview on 7/11/24 with Staff #1 (alternative family living primary caregiver) revealed: -Client #1 recently began taking Trazodone. It was intended to help address behaviors that had increased since Client #1 had entered menopause. -Had administered 1 tablet the first 3 days but then administered 2 tablets every night. She was not aware she should have indicated how many tablets had been administered. -Would contact the pharmacy and/or her physician for Trazodone order.</p> <p>Interview on 7/12/24 with the Qualified Professional (QP) revealed: -Client #1 had lived with this family for most of her life (since age 6) and was well cared for. -Staff #1 was very mindful of her client's needs as well as the documentation required</p>	V 118		

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V 118	Continued From page 4 Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		