Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL079-143	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAVERNE'S HAVEN-CENTER COURT	147 CENTER COURT EDEN, NC 27288

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on June 26, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000	RECEIVED JUL 29 2024 DHSR-MH Licensure Sect	
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall	V 116	All medications will be dispensed directly from the bubble packs and administered to each resident. No medication will be dispensed from the bubble packs, that's supplied by the pharmacy and stored in pill containers to be administered at a later time or date. The facility director will monitor this on a weekly basis.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tiffany L Womack — TITLE: Director — (X6) DATE: 7-24-24

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V 116	Continued From page 1 not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care providers licensed to prescribe. The findings are: Observation on 6/25/24 at 1:51 pm of a plastic pill container with a snap close top. This container was labeled with Client #1's name and had two rows of 7 compartments labeled am (morning) and 7 compartments labeled pm (evening). Each compartment was filled with at least 1 capsule. Observation on 6/25/24 at 1:54 pm of a plastic, four row Sunday-Saturday pill container with a snap close top. This container was labeled with Client #2's name with one row of 7 compartments labeled am, one row of 7 compartments labeled 12 pm, one row of 7 compartments labeled 5 pm, and one row of 7 compartments labeled pm. Each compartment contained tablets and capsules in various colors and shapes. Observation on 6/25/24 at 1:55 pm of a plastic pill container with a snap close top. This container	V 116		

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V 116	Continued From page 2 was labeled with Client #3's name and had 7 compartments labeled am and 7 compartments labeled pm. Each compartment was filled with at least 1 capsule. Observation on 6/25/24 at 3:24 pm, Client #2 was given a dose of his prescribed Haloperidol 0.5 milligrams (mg) by Staff #1 who removed the pill from Client #2's pill reminder box. Observation on 6/26/24 at 10:23 am of the facility's medication closet revealed 5 separate plastic pill containers stacked on a black-colored box which sat on top of 2 clear plastic bins with drawers that were separately labeled with Clients #1, #2, #3, #4 and #5's names. Each drawer contained prescribed medications which were in pill blister packs for Clients #1, #2, #3, #4 and #5. During an interview on 6/25/24 with Staff #1 revealed: -"We use pill reminder boxes. I put their (clients') daily medicine in each slot according to what time they are to take it. Each box has their name on it (pill reminder box). I do this to make sure staff give them their medicines in the morning, afternoon and at night." -"The staff has had medication administration training, but this (pill reminder boxes) makes it easier for staff." -"[The Owner] knows this is what I do." -He had been placing the clients' medications in the pill reminder boxes for "several weeks." -"Because things can get very busy around here with (client) behaviors and staff duties, I do this to make it easier on staff." Interview on 6/26/24 with the Owner revealed: -The practice of dispensing client medications in the pill reminder boxes began "a few months ago	V 116		

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V 116	Continued From page 3 to make it easier for the staff." -"If we're not supposed to do this (dispensing), it will stop immediately, today."	V 116		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing	V 366	All physical restraints will be considered a Level II, regardless if it is an emergency or non-emergency. All staff working for Laverne's Haven are trained in ncl techiques, including physical restraints. Each resident's crisis plan explains the potential need for physical restraints. Laverne's Haven will ensure each guardian is informed of each physical restraint. Each physical restraint, regardless of it being an emergency or non-emergency, will be reported through IRIS. The facility director will oversee this.	

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V 366	Continued From page 4 their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall	V 366		

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V 366	Continued From page 5 include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately notify the Local Management Entity/Managed Care Organization (LME/MCO) and client guardians of the use of restraints on clients. The findings are: Reviews on 6/25/24 and 6/26/24 of Client #1's record revealed: -Admission date of 4/12/22. -Diagnoses of Intellectual Developmental Disability (IDD), Intermittent Explosive Disorder	V 366		

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V 366	Continued From page 6 (IED), and Post-Traumatic Stress Disorder (PTSD). Review on 6/25/24 of internal incident reports for Client #1 revealed: -He was physically restrained on 4/25/24 by Staff #4, 4/28/24 by Staff #5, 6/12/24 by Staff #4, and 6/13/24 by Staff #1. -No documentation of the date and time Client #1's treatment team and his legal guardian were notified about each physical restraint incident. Reviews on 6/25/24 and 6/26/24 of Client #2's record revealed: -Admission date of 1/21/20. -Diagnoses of Moderate IDD, IED, and Autism Spectrum Disorder. Review on 6/25/24 of internal incident reports for Client #2 revealed: -He was physically restrained on 6/18/24 by Staff #5. -No documentation of the date and time Client #2's treatment team and his legal guardian were notified about his 6/18/24 physical restraint incident. Reviews on 6/25/24 and 6/26/24 of the North Carolina Incident Response and Improvement System (IRIS) for the period April 1, 2024 through June 26, 2024 revealed: -No submission of Level II incident reports for Clients #1 and #2 having been physically restrained. Interview on 6/25/24 with Client #1 revealed: -He refused to be interviewed about questions beyond his name and how long he lived at the facility.	V 366		

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V 366	Continued From page 7 Interview on 6/25/24 with Client #2 revealed: -"[Staff #1] put my arms behind my back one time ...happened awhile back and I can't remember why." Interview on 6/26/24 with the Qualified Professional (QP) revealed: -She reviewed and submitted incident reports into IRIS "as needed." -She used the IRIS criteria to determine levels of client incidents. -She did not receive Clients #1 and #2's incident reports for review. Interview on 6/26/24 with the Owner revealed: -He would follow up with Client #1's care manager about the interventions in Client #1's behavior support plan. -He would follow up with the QP about the client incident reports to ensure the appropriate actions are taken. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

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V 367	Continued From page 8 becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III	V 367		

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V 367	Continued From page 9 incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure all Level II incidents were reported to the Local Management Entity/Managed Care	V 367		

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V 367	Continued From page 10 Organization for the catchment area where services are provided within 72 hours of each Level II incident. The findings are Reviews on 6/25/24 and 6/26/24 of Client #1's record revealed: -Admission date of 4/12/22. -Diagnoses of Intellectual Developmental Disability (IDD), Intermittent Explosive Disorder (IED), and Post-Traumatic Stress Disorder (PTSD). -His treatment plan completed on 6/21/24 with an effective date of 7/1/24 had no documentation of the use of physical restraint as a planned intervention in his care. Review on 6/25/24 of internal facility incident reports for Client #1 from 4/28/24 to 6/13/24 revealed: -The incident reports were documented as Level 1 incidents. -On 4/25/24 at 9:30 pm, Client #1 was placed in a "one-person standing restraint" by Staff #4 for "less than 3 minutes" after he "attempted" to hit this staff. -On 4/28/24 at 4 am, Client #1 was placed in a "standing restraint" by Staff #5 for "less than 3 minutes" after he "attempted" to hit this staff. -On 6/12/24 at 9:00 am, Client #1 was placed in a "one-person standing restraint" for "5 minutes" to prevent him from hitting staff (Staff #4)." -On 6/13/24 at 10:00 am, Client #1 was placed in a "one-person standing restraint" by Staff #1 for an undetermined amount of time after he "attempted" to hit this staff. -"[Client #1] struggled while in the restraint and fell to the floor and he stopped trying to fight with staff." Reviews on 6/25/24 and 6/26/24 of Client #2's	V 367		

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V 367	Continued From page 11 record revealed: -Admission date of 1/21/20. -Diagnoses of Moderate IDD, IED, and Autism Spectrum Disorder. -His treatment plan completed on 6/21/24 with an effective date of 7/1/24 had no documentation of the use of physical restraint as a planned intervention in his care. Review on 6/25/24 of an internal facility incident report for Client #2 revealed: -The report was documented as a Level 1 incident. -On 6/18/24 at 6:30 am, Client #2 was placed in a "one-person standing restraint" by Staff #5 for 10 minutes after he ran out of the facility and was restrained by this staff in the front yard. Reviews on 6/25/24 and 6/26/24 of the North Carolina Incident Response and Improvement System (IRIS) for the period April 1, 2024 through June 26, 2024 revealed: -No Level II incident reports for Clients #1 and #2 having been physically restrained. Interview on 6/25/24 with Client #1 revealed: -He refused to be interviewed. Interview on 6/25/24 with Client #2 revealed: -"[Staff #1] put my arms behind my back one time ...happened awhile back and I can't remember why." -"[Staff #1] is good to us ...he tries to keep up with us." Observation and interview on 6/25/24 at 12:24 pm with Staff #1 revealed: - I put them (clients) in standing up restraint if they try to fight me or other clients and talk to them."	V 367		

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V 367	Continued From page 12 -"A one-person standing restraint is where you stand behind them (clients) and put their arms behind their back." -Staff #1 demonstrated the restraint on Staff #2 by pulling and holding her arms behind her back while he stood behind Staff #2. -He was trained to use restraints and understood they were to be used as a "last resort." Interview on 6/26/24 with the Qualified Professional (QP) revealed: -She reviewed and submitted incident reports into IRIS "as needed." -She and the Owner determined the level of each incident report using the IRIS criteria. -" I don't believe restraints are a Level 1." -"They (restraints) on Clients #1 and #2 were not a planned intervention to my knowledge." -She agreed use of restraints on clients "should be submitted at Level 2 when (they are) restrained and it's not planned. -She would follow up on the reports with the Owner to address the issue. Interview on 6/26/24 with the Owner revealed: -He did not know the use of restraints was higher than a Level I report. He thought if there was an injury from a restraint and a client went to the hospital, the incident was a Level II incident report. -He thought the use of restraints with Client #1 was in his behavior plan. -He did not provide documentation that use of restraints with Client #1 was a planned intervention as part of his behavior plan. -He would follow up with the QP about the client incident reports to ensure the appropriate incident level was assigned. This deficiency constitutes a re-cited deficiency	V 367		

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V 367	Continued From page 13 and must be corrected within 30 days.	V 367	Each room of the facility is inspected daily for cleanliess and in order. Laverne's Haven will continue to make all necessary repairs to the facility, including the resident's bedrooms. The facility director will supervise staff and monitor all necessary repairs.	
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a clean and attractive manner. The findings are: Observation of the facility on 6/26/24 beginning at 10:05 am revealed: -At least 6 broken window blind slats in Clients #3 and #4's shared bedroom. -At least 4 broken window blind slats in the clients' shared bathroom. -Client #1's bedroom had 3 plastered and unpainted holes in the wall on the left side and near his bed, 1 plastered and unpainted circular area on his wall behind his bedside table, 2 plastered and unpainted areas and 1 hole approximately 3" x 3" in the wall beside his closet. -Client #1's top right drawer was missing from his dresser. -Client #2 was missing window blinds from his bedroom window. Interview on 6/25/24 with Client #1 revealed: -He refused to be interviewed. Interview on 6/25/24 with Client #2 revealed: -He did not know of any repairs needed at the facility.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL079-143	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 736	Continued From page 14 Interview on 6/26/24 with the Owner revealed: -Client #1 made the holes in his bedroom walls the day before yesterday (6/24/24) and "tore" the drawer from his dresser. -He had an individual coming tomorrow (6/27/24) to repair the walls to Client #1's bedroom. -He would get window blinds for Client #2's room and replace the window blinds in Clients #3 and #4's shared bedroom, as well as replace the window blind in the clients' shared bathroom and take care of the missing drawer from Client #1's dresser.	V 736		