STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL044-073	A. BUILDING: _____ B. WING _____	R 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STOCKTON HOME	264 LILLIE LANE CANTON, NC 28716

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 7/12/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. The facility is licensed for 2 and has a current census of 2. The survey sample consisted of an audit of 2 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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	V 108	RECEIVED AUG 05 2024 DHSR-MH Licensure Sect	

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V 108	Continued From page 1 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

V 118	reporting, investigating and controlling infectious and communicable diseases of personnel and clients. 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). 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 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. This deficiency constitutes a recite deficiency and must be corrected within 30 days. 27G .0209 (C) Medication Requirements 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	V 118	Staff is PRN/ back up at this time, and works for another company. Staff received CPR/FA with her other compa has asked for a copy to share with us for her personnel chart. Staff is up to date with training, however PFS didn't have a current copy of her training when the review was completed. Verification of CPR/FA was received on 7/24/24 and filed in her personnel chart. QP/PM addressed concern of missing training for staff with admin. assistant who is responsible for all new hires and annual updates. QP/PM did a write up on the AA and requested all trainings be up to date by 7/19/24. QP/PM discussed training material with reviewer and requested a copy of approved trainings through DHSR for PFS to research updated modules for PFS to begin using specifically for non restrictive intervention/ self defense and most importantly deescalation training since PFS is a non-restrictive holds program. [redacted] 2000, pw 7.31.24

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V 118	Continued From page 2 order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. 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). Record review on 7/11/24 for Client #1 revealed:	V 118		

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V 118	Continued From page 3 -Date of admission: 1/1/19 -Diagnoses: Autism spectrum disorder, Profound intellectual developmental disability, Non-verbal. -There was no physician's order for Trazodone. 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. 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. Interview on 7/11/24 with Client #1 was attempted but she did not respond to questions. 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. 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	V 118	Staff received corrected prescription from doctor reflecting the correct amount of tablets being administered for TN. Prescription and bottle now match. MAR can be adjusted should the medication order change back to 1 or 2 tablets. This way AFL can document whether 1 or 2 tabs were administered QP will complete a review of MAR's for the next 3 months to ensure all prescriptions match medication bottles and all medications administered are being documented correctly on the MAR. QP will continue this means of review during each home visit, especially when a new medication is received to decrease this from occurring again. [redacted] QDDP, PLC 7.31.24

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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		