

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-149 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 09/19/2024 |
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| NAME OF PROVIDER OR SUPPLIER HOWELL & HOWELL'S | STREET ADDRESS, CITY, STATE, ZIP CODE 725 LUTHER DRIVE GOLDSBORO, NC 27530 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 19, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p> | V 000 | | |
| V 112 | <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> | V 112 | | |

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

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| V 112 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement goals and strategies in the treatment/habilitation plan to address the client's needs for 1 of 2 audited clients (#2). The findings are:</p> <p>Review on 9/18/24 of client # 2's record review: - 51 year old male. - Admission date of 9/15/17. - Diagnoses included Intellectual Developmental Disability- Moderate, Impulse Control Disorder, and Mood Disorder. - No current treatment/habilitation or service plan with goals and strategies for residential services.</p> <p>Interview on 9/18/24 client #2 stated: - He lived at the facility for a couple of years. - He liked living at the facility. - He was not sure what his treatment goals were.</p> <p>Interview on 9/18/24 the Qualified Professional/Director/Owner stated: - She was responsible for completing treatment plans. - She needed to check another location for client #2's current treatment plan and would forward to surveyor by 12:00pm 9/19/24.</p> <p>The treatment plan for client #2 was not received by the surveyor prior to 12:00pm 9/19/24.</p> | V 112 | | |

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| V 112 | Continued From page 2 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 112 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are: Review on 9/18/24 of the facility's disaster drill reports for September 2023- August 2024 revealed: | V 114 | | |

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| V 114 | <p>Continued From page 3</p> <ul style="list-style-type: none"> - No disaster drill documented for the 7:00am-7:00pm or the 7:00pm-7:00am shifts for the September 2023 - November 2023 quarter. - No disaster drill documented for 7:00am-7:00pm shift for the March - May 2024 quarter. <p>During interview on 6/15/22 the Qualified Professional/Director/Owner stated:</p> <ul style="list-style-type: none"> - Shifts at the facility were 7:00 am - 7:00 pm and 7:00 pm - 7:00 am everyday. - Disaster drills were conducted quarterly on each shift. - She was not sure what happened to the missing drills. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written 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</p> | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interview the facility failed to ensure medications administered were documented immediately after administration for 2 of 2 audited clients (#1 and #2). The findings are:</p> <p>Review on 9/18/24 of client #1's record revealed: - Admission date of 4/29/04. - Diagnoses included Intellectual Developmental Disability- Profound, Cerebral Palsy and Seizure Disorder. Physician's orders signed and dated 2/28/24 for: - Zyrtec 10mg (allergies) 1 daily - Miralax Powder 3350 (constipation) 17 grams in 8 ounces liquid once daily. - Vitamin D 2000 (supplement) 1 daily - Tegretol 200mg (seizures) 1 three times daily - Zyprexa 5mg (mood) 1 at bedtime.</p> <p>Review on 9/18/24 client #1's MARs for June 2024 - September 2024 revealed the following</p> | V 118 | | |

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| V 118 | <p>Continued From page 5</p> <p>blanks: July 31, 2024</p> <ul style="list-style-type: none"> - Zyrtec 1 daily at 8:00am. - Miralax Powder 3350 8:00am. - Vitamin D 2000 1 at 8:00am. - Tegretol 200mg 1 at 8am, 12:00pm and 8:00pm. - Zyprexa 5mg 1 at 8:00pm. - No staff initials to document administration of the medication on 7/31/24 with no documented explanation for the blanks. <p>Client #1 was non-verbal and therefore was not interviewed.</p> <p>Reviews on 9/18/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 9/15/17. - Diagnoses included Intellectual Developmental Disability- Moderate, Impulse Control Disorder, and Mood Disorder. <p>Physician's order signed and dated 2/29/24 for:</p> <ul style="list-style-type: none"> - Allopurinol 100mg (gout) 1 daily - Lisinopril 20mg (hypertension) 1 daily. - Banophen 25mg (allergies) 1 at bedtime - Cogentin 1mg (tremors) 1 at bedtime - Prozac 20mg (mood) 1 at bedtime - Haldol 10mg (anti-psychotic) 1 at bedtime <p>Review on 9/18/24 of client #2's MARs for June 2024 - September 2024 revealed the following blanks: July 31, 2024</p> <ul style="list-style-type: none"> - Allopurinol 100mg, 1 daily at 8:00am. - Lisinopril 20mg, 1 daily at 8:00am. - Banophen, 25mg 1 at bedtime at 8:00pm - Cogentin 1mg, 1 at bedtime at 8:00pm - Prozac 20mg, 1 at bedtime at 8:00pm - Haldol 10mg, 1 at bedtime at 8:00pm - No staff initials to document administration of the medication on 7/31/24 with no documented explanation for the blanks. | V 118 | | |

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| V 118 | <p>Continued From page 6</p> <p>During interview on 9/18/24 client #2 stated: - He took his medication daily. - The Qualified Professional (QP) assisted him with his medication.</p> <p>During interviews on 9/18/24 the QP/Director/Owner stated: - Clients received their medications daily as prescribed and the blanks were overlooked. - She understood the MAR was required to be kept updated.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 9/18/24 between 2:45pm and 3:00pm during a tour of the facility revealed: - The hall bathroom had an area on the ceiling above the shower/tub that had dark/discolored spots with residual/textured areas approximately 2 feet in size. - The toilet screw caps were missing at the back of the toilet seat.</p> | V 736 | | |

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| V 736 | Continued From page 7 Interview on 9/18/24 the Qualified Professional/Director/Owner stated: - There was a leak in the ceiling in the bathroom during heavy rain. - Three contractors had been backed up with appointments and she was is in contact with the insurance company and a contractor for repair of the roof within the next 2 weeks. | V 736 | | |