

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADAMS FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 31 ABBOTT MOORE ROAD CLYDE, NC 28721
--	--

(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 complaint survey was completed on July 12, 2024. The complaint was substantiated (Intake #NC00218388). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</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> <ol style="list-style-type: none"> (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. <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,</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADAMS FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 31 ABBOTT MOORE ROAD CLYDE, NC 28721
--	--

(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 108	Continued From page 2 and 7 days for upcoming expired trainings. -"I guess I had mentally checked her (Staff #1) off the list (of trained staff)." -"Moving forward I will ask for a roster of who completed it (the first aid/CPR class)." Interview on 7-10-24 with the Licensee revealed: -AFL staff #1 would not be alone with any clients until recertified in first aid/CPR. -Would request a copy of certifications to keep in the facility.	V 108		
V 118	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 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	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADAMS FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 31 ABBOTT MOORE ROAD CLYDE, NC 28721
--	--

(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 108	<p>Continued From page 1</p> <p>the American Heart Association or their 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 1 of 3 staff (AFL Staff #1) had current first aid/cardiopulmonary resuscitation (CPR) training. The findings are:</p> <p>Record review on 7-9-24 of AFL Staff #1 record revealed: -Job title: Direct Support Professional. -Date of Hire: 11-29-23. -First Aid/CPR training expired 7-1-24.</p> <p>Interview on 7-10-24 with the AFL Staff #1 revealed: -Had been told yesterday her first aid/CPR was expired. -Was scheduled for a class this coming Saturday (7-13-24). -Had not been alone with any clients since 7-1-24.</p> <p>Interview on 7-9-24 with the Director of Operations revealed: -Had not sent out a CPR renewal notice since June 2024. -The last certification class was 5-27-24. -Had a tracking sheet that would notify 60, 30,</p>	V 108	<p>Plan of Correction:</p> <p>Licensee will keep and update a spreadsheet of trainings for all staff. Licensee will notify agency 60 days and 30 days prior to certifications expiring. Licensee will follow-up to ensure all trainings are scheduled and completed</p> <p>Direct Support Professional Completed First Aid/CPR/AED on 7/13/2024 Certification is attached.</p>	07/13/2024
-------	---	-------	--	------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
ADAMS FAMILY HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**31 ABBOTT MOORE ROAD
CLYDE, NC 28721**

(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 118	<p>Continued From page 3</p> <p>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 observation, record reviews, and interviews, the facility failed to keep the MARs current and administer medications as ordered by a physician affecting 1 of 2 audited clients (Client #1). The findings are:</p> <p>Record reviews on 7-8-24 and 7-9-24 of Client #1's record revealed: -Admission Date: 12-21-23. -Diagnoses: Profound Intellectual Developmental Disability, Autism, Obsessive Compulsive Disorder, Intermittent Explosive Disorder, and Bipolar Disorder. -Physicians' orders dated 4-23-24: Desmopressin 0.2 mg (milligram), 2 tablets once daily at bedtime by mouth.</p> <p>Reviews on 7-8-24 and 7-9-24 of Client #1's MARs dated 5-1-24 to 7-8-24 revealed: -Desmopressin 0.1 mg, 1 tablet every evening from 5-1-24 to 6-28-24. -Desmopressin 0.2 mg, 1 tablet every evening from 6-29-24 to 7-7-24.</p> <p>Observation on 7-8-24 at 8:55 am of Client #1's medication revealed: -Desmopressin 0.2 mg, take 2 tablets by mouth</p>	V 118	<p>Plan of Correction: Licensee will review and check MAR, medication (Prescriptions) and Physician orders when receiving medication. All staff will complete appropriate steps and verification when administering medication.</p>	07/17/2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	---	---	---

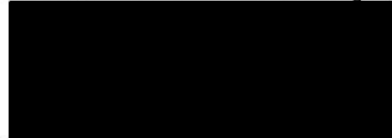
NAME OF PROVIDER OR SUPPLIER ADAMS FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 31 ABBOTT MOORE ROAD CLYDE, NC 28721
--	--

(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 118	<p>Continued From page 4</p> <p>every evening.</p> <p>Interview on 7-8-24 with Executive Director revealed: -Medications had been an issue with the facility " ...since [Licensee] came to us in March ..." -Had the medications moved to a different pharmacy " ...and we still don't have all of them (physician's orders) ..." -The QP and Director of Member Services both completed on site visits to the facility.</p> <p>Interview on 7-9-24 with the QP revealed: -Did not review the MARs, as that was the responsibility of the Director of Member Services.</p> <p>Interview on 7-9-24 with the Director of Member Services revealed: -Would do quarterly home visits. -MARs would be turned in by the 5th of every month for the prior month. -Would review physicians orders and MARs every month. -Would ensure the facility had copies of the physicians' orders. -Did not have physicians orders for Client #1 until recently. -Was going to recommend that the MARs be reviewed by a second person monthly.</p> <p>Interview on 7-10-24 with the Licensee revealed: -Would double check MARs and medications against the physicians' orders.</p> <p>Due to failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		



American Red Cross
Training Services

Certificate of Completion



has successfully completed requirements for

Adult First Aid/CPR/AED

Date Completed: 7/13/2024

Validity Period: 2 Years

Conducted by: Western Carolina Direct Care Services



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



01KF217