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	MHL092-959	A. BUILDING: _____ B. WING _____	R 08/23/2024

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LIVING WITH AUTISM 2	7401 DENLEE ROAD RALEIGH, NC 27606

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 8/23/24. 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 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V113- QP, Lori Wyde and house manager Joshua Rose have made sure all necessary documentation is in Client books both at the residential facility as well as at the Living with Autism office. QP will conduct quarterly reviews of Client records.	
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

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Lori Wyde 9/12/24

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V 113	Continued From page 1 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 clients (#3) record maintained documentation of services provided. The findings are: Review on 8/23/24 of client #3's record revealed: - admitted 3/10/93 - diagnoses: Autism, Type 2 Diabetes, Hypertension and Seizure Disorder - no documentation of lab test - documentation of services provided for medical care: one after visit summary dated 8/19/24 from client #3's primary physician's office During interview on 8/23/24 the Qualified Professional and Human Resource Director reported: - they were not able to locate any further	V 113	QP, Lori Wyde and house manager Joshua Rose have obtain all medical documents. Moving forward the new house manager will make sure appropriate documentation of each appt is added to client book Lori Wyde 9/12/2024	

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V 113	Continued From page 2 medical documents besides the 8/19/24 office visit During interview on 8/23/24 the Licensee reported: - she contacted the previous Director and she advised client #3's medical information was located in his "my chart" online - client #3's family member had the password to access his "my chart" - would ensure all medical information was in the clients' records	V 113		
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.	V 114	QP Lori Wyde and house manager will ensure that all drills are performed and documented on each shift quarterly. Staff has been trained on what the protocol is for fire tornado and other drills	

Lori Wyde
9/12/2024

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V 114	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 8/23/24 of the facility's fire and disaster drills revealed: - no documentation of disaster drills - fire drills were not done on each shift During interview on 8/23/24 the Licensee reported the staff's work shifts were as follows: - first shift: 8am - 3pm - second shift: 3pm - 10pm - third shift: 10pm- 8am Attempted interviews on 8/23/24 with clients #1 - #3 revealed: - were nonverbal or diagnoses prevented questions from being answered During interview on 8/23/24 staff #2 reported: - had not practiced tornado drills - would have the clients get in the closet During interview on 8/23/24 staff #4 reported: - had not practiced a tornado drill - would have clients get in the basement During interview on 8/23/24 the House Manager reported: - he started yesterday (8/22/24) at the facility - would ensure drills were completed During interview on 8/23/24 the Qualified Professional (QP) reported: - recently started as QP	V 114	Joshua Rose, house manager will retrain staff on the protocols for disaster and fire drills on Sept. 16th 2024. Going over ~~where~~ the evacuation routes and gathering locations.	

Jon Wyle 9/12/2024

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V 114	Continued From page 4 - would ensure drills were completed	V 114		
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 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.	V 118	A new nurse was brough in, Sandy Dyson. Sandy did a med audit on Sept. 3rd. She did a mandatory med (retraining) training on Sept. 6 The pharmacy has provided all dr. orders and they were reviewed by the nurse Lori, the QP, is going out bi-weekly to check documentation and the	

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V 118	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 3 clients (#3). The findings are: Review on 8/23/24 of client #3's record revealed: - admitted 3/10/93 - diagnoses: Autism, Type 2 Diabetes, Hypertension and Seizure Disorder - physician's order dated 8/1/24: Amlodipine 5mg daily (blood pressure) - physician's order dated 8/5/24: Olmesartan 20mg daily (blood pressure) - physician's order dated 1/19/24: Lisinopril 10mg 2 bedtime (blood pressure) - physician's order dated 8/5/24: Compound 17% topical gel daily to wart Observation on 8/23/24 at 12:58pm revealed the Group Home Manager enter the facility with the prescribed Compound gel During interview on 8/23/24 the pharmacist reported: - the Lisinopril was last filled on 7/11/24 for 30 pills - it was discontinued on 8/5/24 and Olmesartan was prescribed Review on 8/23/24 of the August 2024 MAR for client #3 revealed: - staff documented Amlodipine as administered from 8/7/24 - 8/19/24 - a line was drawn through 8/20/24 - 8/31/24 - Olmesartan - a line drawn through 8/20/24 - 8/31/24 - Lisinopril - staff initialed as administered from	V 118	house Manager is checking daily. Sandy will be doing biweekly audits until there have been no errors then she will go to monthly with the manager Continuing daily Checks and the QP biweekly. Jane Wyche 9/12/2024	

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V 118	Continued From page 6 8/1/24 - 8/22/24 - Compound 17% was not listed on the August 2024 MAR During interview on 8/23/24 staff #2 reported: - she took client #3 to his primary care visit on 8/5/24 - he had a wart on his foot - she purchased an over the counter medication for the wart - the previous Director told her she could not use the over counter medication without a physician's order During interview on 8/23/24 the Human Resource Director reported: - she does not work at the facility - the House Manager started at the facility yesterday - the previous Director was no longer with the facility as of 8/22/24 During interview on 8/23/24 the Qualified Professional reported: - she was new to the facility - she would be responsible for the review of the medications and MARs This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.	V 119	All expired medication was removed and disposed of properly by house manager. Amy Wyche 9/12/2024	

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V 119	Continued From page 7 (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were disposed of in a manner that guarded against diversion or accidental ingestion for 1 of 3 clients (#3). The findings are: Review on 8/23/24 of client #3's record revealed: - admitted 3/10/93 - diagnoses: Autism, Type 2 Diabetes, Hypertension and Seizure Disorder - physician's order dated 8/23/24: Diazepam	V 119	Lan Wyche 9/12/2024	

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V 119	Continued From page 8 10mg three times a day as needed (seizure) Observation on 8/23/24 at 12:58pm of client #3's medication's bin revealed: - Diazepam with an expiration date of 6/8/24 - 13 pills were missing from the bubble pack Review on 8/23/24 of client #3's MARs revealed: - staff documented as administered on the following days: - July 2024: 7/5/24, 7/7/24, 8/8/24, 7/10/24, 7/11/24 & 7/15/24 - August 2024: 8/10/24 and 8/22/24 During interview on 8/23/24 the Human Resource Director reported: - she does not work at the facility - the House Manager started at the facility yesterday - the previous Director was no longer with the facility as of 8/22/24 - the expired Diazepam would be returned to the pharmacy This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 119	All documentation will be checked daily by house manager. Med retraining was done by new nurse Sandy Dyson on 9/6 and she will do bi weekly checks to make sure it is in compliance. Pharmacy was contacted and all out of date/expired medications have been returned properly and replaced if necessary	

AM WPW 9/12/2024