

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL009-024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/30/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINAS HOME CARE AGENCY, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1468 RICHARDSON ROAD</b><br><b>BLADENBORO, NC 28320</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 30, 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 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>  | V 000         |   |                    |
| V 118              | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> | V 118         |   |                    |

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

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| V 118              | <p>Continued From page 1</p> <p>(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:<br/>Based on record reviews and interviews, the facility failed to maintain a current Medication Administration Record (MAR) affecting 3 of 3 audited current clients (#1, #2, #3). The findings are:</p> <p>Finding #1:<br/>Review on 9/24/24 - 9/25/24 of client #1's record revealed:<br/>-Admission date of 11/31/18.<br/>-Diagnoses included Oppositional Defiance Disorder, Schizophrenia, Bipolar Disorder, Impulse Control Disorder, Mild Intellectual Developmental Disability (IDD), Pervasive Developmental Disorder, Autistic Disorder, Diabetes, High Blood Pressure, High Cholesterol and Gastroesophageal Reflux Disorder (GERD).</p> <p>Review on 9/24/24 of client #1's medication orders revealed:<br/>-Jardiance 25 milligram (mg) (Diabetes) 1 tablet daily.<br/>-Trazadone 150 mg (Antidepressant) 1 tablet at night.<br/>-Simvastatin 5 mg (High Cholesterol) 1 tablet at night.<br/>-Atenolol 25 mg (High Blood Pressure) 1 tablet twice daily.</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Benzotropine 1 mg (Schizophrenia) 2 tablets in the morning and 1 tablet at night.</li> <li>-Clonazepam 1 mg (Impulse Control Disorder) 1 tablet twice daily.</li> <li>-Metformin 750 mg (Diabetes) 1 tablet daily.</li> <li>-Omeprazole Bi-Carbonate 20 mg (GERD) 1 tablet twice daily.</li> <li>-Depakote 500 mg (Bipolar Disorder) 2 tablets twice daily.</li> <li>-Invega Intramuscular 156 mg (Schizophrenia) once a month.</li> <li>-Chlorpromazine 25 mg (Schizophrenia) 1 tablet three times daily</li> </ul> <p>Review on 9/24/24 at approximately 10:16 am of client #1's June - September 2024 MARs revealed the following was documented for 9/24/24:</p> <ul style="list-style-type: none"> <li>-Trazadone 150 mg marked as given at 8 pm.</li> <li>-Simvastatin 5 mg marked as given at 8 pm.</li> <li>-Atenolol 25 mg marked as given at 8 pm.</li> <li>-Benzotropine 1 mg marked as given at 8 pm.</li> <li>-Clonazepam 1 mg marked as given at 8 pm.</li> <li>-Omeprazole Bi-Carb 20 mg marked as given at 8 pm.</li> <li>-Depakote 500 mg marked as given at 8 pm.</li> </ul> <p>Interview on 9/24/24 client #1 stated:<br/>-"I always get my medicine everyday, I don't miss any medications."</p> <p>Finding #2:<br/>Review on 9/24/24 of client #2's record revealed:<br/>-Admission date of 3/26/2013.<br/>-Diagnoses included Schizophrenia, Bipolar Disorder and IDD.</p> <p>Review on 9/24/24 - 9/25/24 of client #1's medication orders revealed:<br/>-Fluoxetine 20 mg (Bipolar Disorder) 1 tablet</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 3</p> <p>once a day.</p> <ul style="list-style-type: none"> <li>-Tri-Lo Estarylla (Birth Control) 1 tablet by mouth in the morning.</li> <li>-Levetiracetam 250 mg (Seizures)</li> <li>-Linzess 145 microgram (mcg) (Irritable Bowel Syndrome) 1 capsule at night daily.</li> <li>-Clonazepam 0.5 mg (Bipolar Disorder) 1 tablet at night daily.</li> <li>-Trazadone 100 mg (Antidepressant) 1 tablet at night daily.</li> <li>-Colace 100 mg (Constipation) 1 capsule twice daily.</li> <li>-Depakote 500 mg (Bipolar Disorder) 1 tablet in the morning and 2 tablets at night daily.</li> <li>-Bentropine 1 mg (Schizophrenia) 1 tablet twice daily.</li> <li>-Seroquel 400 mg (Schizophrenia) 1 tablet twice daily.</li> <li>-Omeprazole 20 mg (GERD) 1 tablet twice daily.</li> <li>-Chlorpromazine 50 mg (Schizophrenia) 1 tablet three times daily.</li> </ul> <p>Review on 9/24/24 at approximately 10:48 am of client #2's June - September 2024 MARs revealed the following was documented for 9/24/24 and 9/25/24:</p> <ul style="list-style-type: none"> <li>-Fluoxetine 20 mg marked as given on 9/25/24 at 8 am.</li> <li>-Linzess 145 mcg marked as given on 9/24/24 at 5 pm.</li> <li>-Clonazepam 0.5 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Trazadone 100 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Colace 100 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Depakote 500 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Bentropine 1 mg marked as given on 9/24/24 at 8 pm.</li> </ul> | V 118         |   |                    |

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| V 118              | <p>Continued From page 4</p> <p>-Seroquel 400 mg marked as given on 9/24/24 at 8 pm.<br/>-Omeprazole 20 mg marked as given on 9/24/24 at 8 pm.</p> <p>Interview on 9/24/24 client #2 stated:<br/>-"I take medications, I take a lot of medications. I get them everyday. If they run out they go to the drugstore and pick up more medicine, I have not been out of medicines long before."</p> <p>Finding #3:<br/>Review on 9/24/24 of client #3's record revealed:<br/>-Admission date of 10/11/92.<br/>-Diagnoses included Moderate IDD, Major Depressive Disorder unspecified, Bipolar Disorder, Seasonal Allergies and Eczema.</p> <p>Review on 9/24/24 of client #3's medication orders revealed:<br/>-Metformin 500 mg (Diabetes) 1 tablet by mouth twice daily with meals.<br/>-Duloxetine 60 mg (Depression) 1 capsule by mouth daily.<br/>-Hydrochlorothiazide 25 mg (Blood Pressure) 1 tablet by mouth daily.<br/>-Vitamin D3 5,000 Unit (Vitamin Deficiency) 1 capsule by mouth twice daily.<br/>-Benzotropine 2 mg (Depression) 1 tablet by mouth daily.<br/>-Quetiapine Fumarate 300 mg (Bipolar Disorder) 1 tablet by mouth daily.<br/>-Gabapentin 300 mg (Seizures) 1 capsule by mouth twice daily.<br/>-Clonazepam 1 mg (Bipolar Disorder) 1 tablet by mouth daily.<br/>-Metoprolol 25 mg (Blood Pressure) 1 tablet by mouth twice daily.<br/>-Divalproex 500 mg (Bipolar) 1 tablet by mouth twice daily.</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Loratadine 10 mg (Allergies) 1 tablet by mouth once a day as needed.</li> <li>-Triamcinolone 0.1 % ointment (Eczema) Apply to affective areas twice daily as needed.</li> <li>-Depo-Provera 150 mg (Birth Control) once every three months.</li> </ul> <p>Review on 9/24/24 at approximately 10:48 am of client #3's June - September 2024 MARs revealed the following was documented for 9/24/24:</p> <ul style="list-style-type: none"> <li>-Metformin 500 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Gabapentin 300 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Clonazepam 1mg marked as given on 9/24/24 at 8 pm.</li> <li>-Quetiapine 400 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Metoprolol 25 mg marked as given on 9/24/24 at 8 pm.</li> <li>-Divalproex 500 mg marked as given on 9/24/24 at 8 pm.</li> </ul> <p>Interview on 9/24/24 client #3 stated:</p> <ul style="list-style-type: none"> <li>- "I take medications, Yes lord. They always have my medications at the group home, they get it refilled. I get them like the doctor wants to get them."</li> </ul> <p>Interview on 9/25/24 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- There have been no issues with the client's getting their medications.</li> <li>- I was not aware of any staff pre-filling the client's MARs ahead of time.</li> </ul> <p>Interview on 9/25/24 staff #2 stated:</p> <ul style="list-style-type: none"> <li>- No issues with with Medication errors.</li> <li>- We do not pre-sign MARs. We know that someone can come and check. We do not do</li> </ul> | V 118         |   |                    |

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| V 118              | Continued From page 6<br><br>that.<br><br>Interview on 9/25/24 staff #3 stated:<br>-I have not had anyone that did not want to take their medications.<br>-I have not seen any pre-signed MARs.<br><br>Interview on 9/25/24 the Qualified Professional stated:<br>-I was not aware that someone had pre-signed the MAR.<br>-I will remind the staff to not do that and only sign when they actually give the medications.  | V 118         |   |                    |
| V 366              | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(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 | V 366         |   |                    |

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| V 366              | <p>Continued From page 7</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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 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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;<br/>(B) making a photocopy;<br/>(C) certifying the copy's completeness; and<br/>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the</p> | V 366         |   |                    |



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| V 366              | <p>Continued From page 8</p> <p>LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(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 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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility</p> | V 366         |   |                    |

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| V 366              | Continued From page 9<br><br>failed to document their response to level II incidents. The findings are:<br><br>See Tag V367 for specific details.<br><br>Interview on 9/26/24 the Qualified Professional stated:<br>-He was unaware of any police contact at the group home which had not been documented.<br>-Moving forward, level II incident reports would be completed for any consumer incidents involving law enforcement contact as identified in level II reporting requirements.  | V 366         |   |                    |
| V 367              | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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 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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident; | V 367         |   |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL009-024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/30/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINAS HOME CARE AGENCY, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1468 RICHARDSON ROAD</b><br><b>BLADENBORO, NC 28320</b> |
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| V 367              | <p>Continued From page 10</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 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).</p> <p>(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</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 11</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 9/24/24 of the North Carolina Incident Response Improvement System (IRIS) website revealed:<br/>-No level II incident reports were created by the facility for law enforcement contact with client #1 on 8/15/24, 8/05/24, and unknown client contact on 8/21/24.</p> <p>Review on 9/24/24 of client #2's record revealed:</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 12</p> <p>-Admission date of 3/26/2013.<br/>-Diagnoses included Schizophrenia, Bipolar Disorder and IDD.</p> <p>Review on 9/24/24 of client #3's record revealed:<br/>-Admission date of 10/11/92.<br/>-Diagnoses included Moderate IDD, Major Depressive Disorder unspecified, Bipolar Disorder, Seasonal Allergies and Eczema.</p> <p>Review on 9/24/24 of local law enforcement reports dated 8/05/24, 8/15/24, and 8/21/24 revealed:<br/>-(8/21/24) Local law enforcement made contact with facility at 6:27pm and it was determined that an unknown resident was "playing on the phone."<br/>-(8/15/24) Local law enforcement made contact with facility at 8:10pm due to a "Disturbance" called in by client #1.<br/>-(8/05/24) Local law enforcement made contact with facility at 4:11pm due to a stolen phone charger called in by client #1.</p> <p>Interview on 9/25/24 client #2 stated:<br/>-She had been living at the facility for 12 years.<br/>-Local law enforcement had come to the facility when she threatened to harm herself.<br/>-She was taken to a hospital for evaluation following the incident.<br/>-She could not recall how long ago the incident had occurred.</p> <p>Interview on 9/25/24 staff #1 stated:<br/>-She had been employed with the facility for approximately 6 years.<br/>-She had witnessed police contact several months earlier.<br/>-Client #2 called local law enforcement to take her to a hospital psychiatric unit.<br/>-Local law enforcement arrived at the facility and</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 13</p> <p>made contact with staff and clients prior to leaving without incident.</p> <p>Interview on 9/25/24 staff #2 stated:<br/>-He had been employed with the facility for approximately 2.5 years.<br/>-He had witnessed police contact multiple times over 2024<br/>-Local law enforcement came out 4 times for client #2, and twice for client #3 in 2024.</p> <p>Interview on 9/25/24 staff #3 stated:<br/>-He had been employed with the facility since 2021.<br/>-He had not witnessed any police contact during his shifts over the last year.</p> <p>Interview on 9/26/24 the Qualified Professional stated:<br/>-He was unaware of any police contact at the group home which had not been documented.<br/>-Moving forward, level II incident reports would be completed for any consumer incidents involving law enforcement contact as identified in level II reporting requirements.</p> | V 367         |   |                    |