

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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(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 August 30, 2024. One complaint was substantiated (NC#00220132) and one complaint was unsubstantiated (NC#00220137). 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>This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client and 3 former clients.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <ul style="list-style-type: none"> (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including 	V 106	<p>RECEIVED</p> <p>SEP 24 2024</p> <p>DHSR-MH Licensure Sect</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kelly Ersever @ PMA
9/12/24

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V 106	Continued From page 1 nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their policy of the medical preparedness plan to be utilized in a medical emergency affecting 1 of 3 former clients (Former Client (FC) #2). The findings are: Review on 8-13-24 of FC #2's record revealed: -Admission Date: 7-25-24. -Discharge Date: 7-28-24. -Diagnoses: Mild Intellectual Developmental Disability and Autism. Review on 8-28-24 of policy titled "Community Alternatives (Licensee) - North Carolina Policy & Procedure Manual (1/03) REV 9/12 C5.17 - Medical Emergency Plans" revealed: -"Policy: Community Alternatives North Carolina (CANC) will assure that pertinent medical emergency information and consents for emergency medical services are present as part of every service record. This information will be available for use in the event of a medical emergency where the individual or guardian is unable to provide input into emergency medical	V 106	<i>Admission and Move Checklist developed and QP in-serviced on it's use. It is attached to end of this document. Purpose of checklist is to assure all parties are completing all tasks required for both external and internal moves. This includes all medical and contact information</i>	<i>9/21/24</i>

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V 106	<p>Continued From page 2</p> <p>treatment decisions..."</p> <p>"...Procedure: When a individual enters into services with CANC, a face sheet will be completed which will include contact information to be utilized whenever the individual has a medical emergency, including emergencies related to the use of medications. The face sheet will contain the following information.</p> <ul style="list-style-type: none"> - Individual's name, address and phone - Emergency Contact name, address and phone - Primary Physician name, address and phone..." <p>Review on 8-12-24 of a Department of Social Services (DSS) document dated 7-25-24 revealed:</p> <ul style="list-style-type: none"> -DSS was the legal guardian of FC #2. <p>"...In the event of an emergency, [AFL (Alternative Family Living) Staff #1] is authorized to obtain any such medical assistance deemed necessary for this adult..."</p> <p>Review on 8-19-24 of local Emergency Medical Services (EMS) Patient Care Record dated 7-28-24 revealed:</p> <ul style="list-style-type: none"> -Reason for dispatch was overdose. -Responded to the address of the facility. -Emergent services provided to FC #2. <p>"...Pt's (patient) current caregiver (AFL Staff #1) reports that the Pt is currently under her care for respite care...She was unable to give any information on the Pt including her birthday, allergies or previous medical history. Pt's medication list was only able to be obtained due to the medications being accessible to the EMS crew on scene. Pt's caregiver reports that the Pt had only been under her care for 24 hours and that she did not have any information or documentation on her..."</p> <ul style="list-style-type: none"> -Transported to local hospital emergency room. 	V 106	<p>Face sheets are done at time of admissions and annually thereafter. It is named Annual Consumer Profile and is partnered with Admission Assessment and Intake Assessment. Reviewed with QPs.</p>	9/8/24

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V 106	<p>Continued From page 3</p> <p>Interviews on 8-19-24 with the local EMS revealed: -AFL Staff #1 "...didn't have any documentation on her (FC #2)." -"She (AFL Staff #1) only had her (FC #2) first and last name and approximate age."</p> <p>Interview on 8-19-24 with the local fire chief revealed: -The AFL Staff #1 could not give any information other than the clients' name.</p> <p>Interview on 8-12-24 with the AFL Staff #1 revealed: -Did not have any documentation on FC #2. -Did not know what medications FC #2 was taking. -Allowed FC #2 to keep her medication in her room unsecured and to self-administer medications based on what she had been told FC #2's primary care provider. -"When they (Program Manager #2) called me, they said it (placement of FC #2) was an emergency (placement)." -"She (FC #2) came on a Thursday about 5 pm...I had no paperwork." -"[Program Manager #2] was going to send me some paperwork, but my printer ran out of ink." -Did not print any of the paperwork sent by Program Manager #2 until after FC #2 was taken to the hospital. -On 7-28-24, "She (FC #2) said she didn't want to get up. I was going to give her 30 more minutes. She locked the door... She took all of her pills... They (EMS) asked me questions, but I didn't have any information..." -"I didn't know anything to tell the doctor."</p> <p>Interview on 8-18-24 with FC #2's primary care provider revealed:</p>	V 106		

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V 106	<p>Continued From page 4</p> <p>-FC #2 had been placed with her on 7-18-24. -When she took FC #2 to the facility for respite on 7-25-24, she did not have any paperwork to give AFL Staff #1. -Did not receive any information or paperwork regarding FC #2 until after her discharge from the hospital on 7-30-24.</p> <p>Interviews on 8-12-24 and 8-28-24 with the Qualified Professional (QP) revealed: -Had been on vacation while FC #2 was in the facility and had been unaware of that placement. -Did not have any information about FC #2 or her placement in the facility. -"Everything intake is through [Program Manager #2]." -"When it comes to respite or placement, I get notified and 'hey this client is going to this home (facility)...' They (the facility) should have everything (paperwork and client information) with them from [Program Manager #2]. If not, I get them everything they need at that point..."</p> <p>Interview on 8-27-24 with Program Manager #1 revealed: -FC #2 was an emergency placement. -"We were dependent on the guardian...we couldn't get any information." -AFL Staff #1 had been supplied with the medication list for FC #2.</p> <p>Interview on 8-14-24 with Program Manager #2 revealed: -The guardian had written a letter about FC #2 receiving respite so she could get medical treatment. -The letter regarding medical treatment "...came on July 25th (2024) from guardian at 4:35 pm" to the licensee. It was later forwarded to AFL Staff #1.</p>	V 106	<p>Contractors have been retrained on medication training. 9/21/24</p> <p>QPs have been trained on importance of medication checks in the home at least monthly. Reviewed necessity of checking prescriptions to bottles to MATs with a new focus on checking the date on the bottle. QPs to obtain latest medical info on visit and can use the Health Connects or contacting medical providers directly. Information is available to all QPs on line before admission and they are invited to meet consumer during intake process. AFL provider directly involved has had</p>	
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STATE FORM

9899 LT487

The information is gathered during admissions, stored on a shared drive and QPs are responsible for reviewing, pulling info and setting up hard copy files.

continuation sheet 5 of 44

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V 106	Continued From page 5 -Reviewed background and clinical information via telephone with AFL Staff #1 and then emailed the information to her. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 106	<i>contractor's license</i> license returned in and is no longer employed. The consumer in question with the medications issues was a private pay individual and had not been ^{formerly} approved for services, rather was an emergency placement. It was not respite as there was no ^{MSO} services for her to have respite from. Private Pay was for "in lieu of services," as this was an emergency placement. No authorization for respite.	8/26/24
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 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	Continued From page 6 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 staff were trained to meet the needs of the clients affecting 1 of 2 staff (AFL (Alternative Family Living) Staff #1). The findings are: Reviews on 8-22-24 and 8-27-24 of AFL Staff #1's record revealed: -Date of Hire: 3-19-18. -No client specific training for Former Client (FC) #3. -No training to meet the psychiatric/behavioral needs (suicidal ideation) of FC #3. Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed: -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder, Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Disruptive Mood Dysregulation. -Person Centered Plan (PCP) dated 3-5-24 revealed: -"...visits to the local ER (emergency room) frequently. In the month of January, he visited the ER 13 times..." -Reasons for ER visits were Psychiatric issues x8	V 108	Newly created Admission and Move Check list (attached) lays out duties relating to the move/transfer of consumers. Included is Person Specific Competencies to be done by admitting Manager prior to or at move in. This training to be stored electronically. Further more, a second Person Specific Competency to be completed with Supervising RP within the week of admission and uploaded electronically.	9/21/24

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V 108	<p>Continued From page 7 and Physical issues x5.</p> <p>Interview 8-20-24 with AFL Staff #1 revealed: -Did not have specific training on FC #3. -Was not trained on how to handle FC #3's behaviors. -"I had no information on him (FC #3)." -"He (FC #3) called the ambulance 3 times in 7 days...it was a pattern with him (FC #3) and [Program Manager #1] told him it (placement in this facility) was his last resort and from then on they would put him in the street..." -"They (licensee) had nowhere to put him (FC #3) so he stayed a little longer. Just for respite." -"He (FC #3) was not allowed in a lot of the restaurants in [local town] because of his behaviors..."</p> <p>Interview on 8-28-24 with the Qualified Professional (QP) revealed: -Program Managers #1 and #2 "...are the ones who call the AFL (providers) to tell them about the client and review the client specifics ..." -There was not a specific training on diagnoses or population served. -There was no specific training related to FC #3 and his psychiatric/suicidal behaviors. -"To my knowledge, I am not sure. Did she (AFL Staff #1) know what to do to best suit him (FC #3), I am not sure..." -"Sometimes I don't know (about the client) until I go into the home (facility)." -"Sometimes I have to reach out (to the Program Managers) and say 'what kind of client did you give me.'"</p> <p>Interview on 8-26-24 with Program Manager #1 revealed: -There should be client specific training completed by AFL Staff #1 in FC #3's client</p>	V 108	<p>Trainings on Behavior Management occur annually and are included in Upure Safe, I'm Safe. Reviewed with QPs the different levels of response to behavior incidents. They are reviewing with contractors and staff.</p> <ol style="list-style-type: none"> ① Basic Behavior Management ② Consult with QP ③ QP consult with PM. ④ PM to Consult with other members of Clinical Management Team ⑤ Anytime it becomes unsafe, utilize Mobile Crisis and all if necessary ⑥ Psychiatric Hospital Stays 	9/21/24

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V 108	Continued From page 8 record. -FC #3 "...had individual supports and was just there for short term care " This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108	<i>QPs instructed to re-review with all AFL providers + staff to avoid systemic issue</i>	9/18/24
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; (7) documentation of services provided; (8) documentation of progress toward outcomes,	V 113		

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V 113	<p>Continued From page 9</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain client records affecting 1 of 1 current client (#1) and 3 or 3 former clients (FC) (#2, #3, and #4). The findings are:</p> <p>Reviews on 8-12-24, 8-13-24, and 8-27-24 of Client #1's record revealed: -No identification face sheet specific to the facility.</p> <p>Reviews on 8-13-24 and 8-27-24 of FC #2 record revealed: -No identification face sheet specific to the facility.</p> <p>Reviews on 8-13-24 and 8-27-24 of FC #3 record revealed: -No identification face sheet specific to the facility.</p> <p>Reviews on 8-13-24 and 8-27-24 of FC #4 record revealed: -No identification face sheet specific to the facility.</p>	V 113	<p>Newly created AFH Admission and Move Checklist was inserviced with QPs and is to be implemented immediately.</p> <p>QP re-trained on face sheet, known with out agency as Consumer Profile. Completed</p>	<p>9/8/24</p> <p>9/18/24</p>

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V 113	Continued From page 10 Interview on 8-28-24 with the Qualified Professional revealed: -Was not responsible for completing face sheets. -"Every year to two it (client profile) is updated by the program manager." Interview on 8-27-24 with the Program Manager #1 revealed: -"I did not do the face sheets (for each facility)." -Recently learned about the requirement for face sheets but it had not been implemented yet.	V 113	at admission and annually thereafter. As per the Admission/ Move checklist, original move in to be completed by individual responsible to new admits, while move and annual of like profiles to be completed by supervising QPs .	
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of	V 116	Annually, a Medication Administration course is required for all staff/consumers working with consumers. Licensed RN completes trainings as well as medical client specifics (as needed). She will visit homes to check on MARs + prescriptions as requested by PM	

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V 116	<p>Continued From page 11</p> <p>methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure dispensing of medications was limited to pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 8-12-13 and 8-13-24 of Client #1's record revealed: -Admission Date: 4-25-23. -Diagnoses: Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Anxiety, Post Traumatic Stress Disorder, and Gastroesophageal Reflux Disease -Physicians' Orders: 4-4-24: -Risperidone 0.25mg (milligram) (schizophrenia); Take 1 tablet by mouth at bedtime. 4-8-24: -Senna-S 8.6-50mg (laxative); Take 2 tablets by mouth once daily as needed if no bowel</p>	V 116	<p>Medication Management, an annual training, was completed by the contractor earlier in the year as well as upon discovery of problems. QPs completed a 9/8/24 medication update training conducted by a R.N. They were re-trained on what to check for during home visits including checking Rx to bottles to MARs. Newly added is the requirement to check dates of prescription and OTC medications.</p>	

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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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V 116	Continued From page 13 out if there were problems related to medication administration. -QPs were responsible for reviewing medications monthly, including comparing the bottles to the Medication Administration Records (MARs). -"We don't do counts on the medications " Interview on 8-13-24 with the facility's RN revealed: -The AFL Staff #1 should not be pouring medications from one bottle to another. -Combining medications was not part of medication administration training. Interview on 8-27-24 with the Program Manager #1 revealed: -"I certainly had no idea we had the difficulty we were having (regarding medication)" -"Historically she (AFL Staff #1) has always needed help (with medication administration)." This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 116		
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	V 118	Plan of Protection as were completed including the immediate re-training of staff, assisting guardian with move of consumer and the surrender of license. No consumers to be placed in home. License surrendered. Contractor no longer with our agency. We complied with HCPR on this contractor and are rebutting findings.	

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V 118	Continued From page 14 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 observations, record reviews, and interviews, the facility failed to administer medications on the written order of a physician, failed to keep the MAR current, and failed to assess a client for self administration of medications for 1 of 1 current client (#1) and 1 of 3 former clients (FC #2). The findings are: Cross Reference: 10A NCAC 27G 0209 Medication Requirements (Tag V116). Based on observations, record review, and interviews, the facility failed to ensure dispensing of medications was limited to pharmacists, physicians, or other	V 118		

QPs trained on requirements for AFZ home and are to take out to providers

09/27/24

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V 118	<p>Continued From page 15</p> <p>health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 1 client (#1).</p> <p>Review on 8-12-24 of Client #1's record revealed:</p> <p>-Physicians' Orders: 12-20-23: -Calcium Citrate 950mg (milligrams) (osteoporosis); Take 1 tablet by mouth 3 times a day with meals. 4-4-24: -Benzotropine Mesylate 0.5mg (Parkinson disease); Take 1 tablet by mouth at bedtime. -Westab plus 27 1mg (vitamin deficiency); Take 1 tablet by mouth every day. 8-5-24: -Raloxifene HCL (hydrochloride) 60mg (osteoporosis); Take 1 tablet by mouth once daily. -Pantoprazole SOD (sodium) DR (delayed release) 20mg (stomach acid); Take 1 tablet by mouth once daily. -No physicians' orders for Levothyroxine Sodium, Polyethylene Glycol 3350 Powder, or Lovastatin.</p> <p>Observation on 8-12-24 at approximately 12:12 pm of Client #1's medication revealed:</p> <p>-Calcium Citrate 950mg; Take 1 tablet by mouth 3 times a day with meals. 2 blister packs. Both blister packs dispensed 6-3-24: 25 tablets remained in the first blister pack and 30 tablets remained in the second blister pack. -Benzotropine Mesylate 0.5mg; Take 1 tablet by mouth at bedtime. 2 bottles. Quantity dispensed on 5-29-24: 30 tablets; 24 tablets remained. Quantity dispensed on 8-5-24: 30 tablets; 29 tablets remained. -Raloxifene HCL 60mg; Take 1 tablet by mouth once daily. 2 bottles. Quantity dispensed on 5-1-24: 30 tablets; 28 tablets remained. Quantity dispensed on 8-5-24: 30 tablets; 3 tablets</p>	V 118	<p><i>This includes training on AFL^{KE} expectations of AFL providers to follow all medication administration guidelines. Furthermore, The CANC Take Home Medication Administration "How-to" Quick Reference to Medications in process of being re-introduced, reviewed and explained to all AFL contractors,</i></p>	

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V 118	<p>Continued From page 16</p> <p>remained.</p> <p>-Lovastatin 20mg (cholesterol); Take 1 tablet by mouth once daily. Quantity dispensed on 5-1-24: 30 tablets; 28 tablets remained.</p> <p>-Westab plus 27 1mg; Take 1 tablet by mouth every day. 2 bottles. Quantity dispensed on 3-21-24: 30 tablets; 16 tablets remained. Quantity dispensed on 5-13-24: 30 tablets; 19 tablets remained.</p> <p>-Pantoprazole SOD DR 20mg; Take 1 tablet by mouth once daily. Quantity dispensed on 8-5-24: 30 tablets; 29 tablets remained.</p> <p>-Levothyroxine Sodium 75mcg (micrograms) (thyroid); Take 1 tablet by mouth once daily. Quantity dispensed 3-21-24: 90 tablets; 55 tablets remained.</p> <p>-Polyethylene Glycol 3350 Powder (laxative); Mix 17 grams in water or juice and drink daily. Dispensed 9-20-23.</p> <p>Review on 8-12-24 of Client #1's MAR dated 5-1-24 to 5-31-24 revealed:</p> <p>-Famotidine 20mg, Take 2 tablets by mouth once daily. Signed as administered daily at 7 am and 9 pm.</p> <p>-Risperidone 0.25mg; Take 1 tablet by mouth at bedtime. No signatures for administration.</p> <p>-Calcium Citrate 950mg; Take 1 tablet by mouth 2 times a day. Signed as administered daily at 7 am and 9 pm.</p> <p>Review on 8-12-24 of Client #1's MAR dated 6-1-24 to 6-30-24 revealed:</p> <p>-Calcium Citrate 950mg; Take 1 tablet by mouth 2 times a day. Signed as administered daily at 7 am and 9 pm.</p> <p>Review on 8-12-24 of Client #1's MAR dated 7-1-24 to 7-31-24 revealed:</p> <p>-Famotidine 20mg; Take 2 tablets by mouth once</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>daily. Signed as administered daily at 7 am and 9pm.</p> <p>Review on 8-13-24 of FC #2's record revealed: -Admission Date: 7-25-24. -Discharge Date: 7-28-24. -Diagnoses: Mild Intellectual Developmental Disability and Autism. -Physicians' Orders: None. -No assessment or order to self-administer medications.</p> <p>Review on 8-14-24 of facility "Consent for Medication" for FC #2 revealed: -Signed by the guardian and dated 7-18-24. -Medications listed: -"Vyvanse 70mg capsule take in the morning" -"Prazosin 1mg take one in evening" -"Risperidone 1mg take one in morning" -"Mirtazapine 30mg take one in evening" -"Benzotropine 1mg take one in evening" -"Guanfacine 3mg take one in morning" -"Omeprazole 20mg one daily in the morning"</p> <p>Attempted review on 8-12-24 of FC #2's MARs for the period 7-18-24 to 7-28-24 revealed: -No MARs were available for review.</p> <p>Review on 8-19-24 of local Emergency Medical Services (EMS) Patient Care Record dated 7-28-24 revealed: -Emergent services provided to FC #2. -Medications listed: Ambien, Geodon, and Prozac.</p> <p>Interview on 8-19-24 with the local EMS provider revealed: -The medications listed on the report dated 7-28-24 were observed on scene but were not an exhaustive list of all the medications observed.</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>-Did not list all of the medications due to the emergent situation but felt "...the ones listed were important."</p> <p>Interview on 8-12-24 with the dispensing pharmacist for Client #1 revealed:</p> <ul style="list-style-type: none"> -Concerned medications were not being administered to Client #1 as prescribed due to lack of refills. -Levothyroxine sodium last filled on 3-21-24. -Lovastatin and Famotidine last filled on 5-1-24. -Westab last filled on 5-13-24. -Calcium Citrate last filled on 6-3-24. -Medications cannot be filled more than 7 days early. -Based on the last fill dates, "... would say that the medication has not been administered." -There were no current discontinue or suspend orders in the system. <p>Interview on 8-13-24 with Client #1's physician assistant revealed:</p> <p>"It is very important for her (Client #1) to receive medications daily..." specifically for cholesterol and thyroid.</p> <p>Interview on 8-15-24 with the pharmacy technician for the dispensing pharmacist for FC #2 revealed:</p> <ul style="list-style-type: none"> -Prescription for Zolpidem 10mg tablet was filled on 7-21-24. -Prescriptions for Fluoxetine 20mg capsule and Divalproex DR 500mg tablets (90 tablets for 30 days) were filled on 7-1-24. -All prescriptions were picked up by FC #2. <p>Interview on 8-14-24 with FC #2 revealed:</p> <ul style="list-style-type: none"> -Medications were unlocked in her room while at the facility. -Did not know the names of all of her medications 	V 118		

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V 118	<p>Continued From page 19</p> <p>but stated she knew she took Depakote, Lorazepam, Ambien, and Vyvanse.</p> <p>-Self-administered her own medications while at the facility.</p> <p>-AFL Staff #1 observed her self-administer her medications only one time.</p> <p>Interviews on 8-12-24 and 8-13-24 with AFL (Alternative Family Living) Staff #1 revealed:</p> <p>-Would combine the medication bottles for Client #1 when a new prescription was filled.</p> <p>-"I know it looks like I am not giving her (Client #1) her medication, but I am."</p> <p>-Could not give an explanation of the extended lapse in time since several medications had been filled.</p> <p>-"She (FC #2's primary care provider) gave me her (FC #2) clothes and a box with the medication. She (FC #2's primary care provider) walked off and left. She was in a hurry. I had no paperwork. I was told she (FC #2) takes her own medicine and I didn't have to worry about it."</p> <p>-Did not have any MARs or orders for FC #2.</p> <p>Interview on 8-14-24 with FC #2's primary care provider revealed:</p> <p>-Did not have any paperwork to provide AFL Staff #1 upon admittance to the facility.</p> <p>Interview on 8-13-24 with the facility's Registered Nurse revealed:</p> <p>-Would come to the facility if there was an issue or problem and help make corrections.</p> <p>-Had been coming out to this facility quarterly but "...stopped about a year ago."</p> <p>-The Qualified Professional (QP) would look at meds regularly. "I think monthly."</p> <p>-Had been scheduled to complete an updated medication administration training and check medications and orders with AFL Staff #1.</p>	V 118	<p>Again, the newly developed AFL Admission and Move Checklist will be used to ensure medications and prescriptions are available and explained to contractors for any move, external or internal.</p> <p>All QPs inserviced by RN on importance of checking Rx to bottle (and date on bottle) to MAR. To begin using immediately.</p> <p>They will review with AFL providers all of the requirements. The two contractors completed again (retrained) Medication Administration despite having been completed the annual Med Admin class in the spring.</p>	10/8/24 9/10/24
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V 118	<p>Continued From page 20</p> <p>Interviews on 8-12-24 and 8-28-24 with the QP revealed: -Was responsible for reviewing medications in the facility. -The AFLs was responsible for contacting the pharmacy if there were issues with the MARs or medications. -When a client was admitted to the facility, the AFL Staff #1 "...should have a release of responsibility releasing medications from one person to next." -Was on vacation when FC #2 was admitted to the facility.</p> <p>Interviews on 8-14-24 and 8-15-24 with Program Manager #2 revealed: -AFL Staff #1 informed him on 7-25-24 that she didn't have MARs for FC #2. -A blank MAR was sent to AFL Staff #1 on 7-25-24. -Nothing was discussed about self-administration of medications. -The licensee did not have physicians' orders for FC #2. -"I can tell you that I did not (double check medications upon intake for FC #2)."</p> <p>Interview on 8-27-24 with Program Manager #1 revealed: -Clients should have physicians' orders upon admission. -The Licensee has someone that specifically does admissions and "...that is his job." -It was difficult to get physicians' orders for FC #2. The guardian was listed at the pharmacy. "... We were dependent on the guardian... We couldn't get any information (from the pharmacy)." -AFL Staff #1 was given a medication list and MARs for FC #2 by Program Manager #2.</p>	V 118	<p>There is no Self Admin of Medication without a treatment team meeting to make informed suggestions to medical provider. Reviewed with QPs by RN.</p> <p>Release of Responsibility is the form used by our agency to count in and out medications. This is covered in medication Administration class and forms are distributed there. QPs re-trained on form.</p> <p>New Admission/Move checklist is designed for covering this eventuality.</p>	<p>9/8/24</p> <p>9/8/24</p>

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V 118	<p>Continued From page 21</p> <p>-"I believe [AFL Staff #1] was provided with the information (regarding FC #2)."</p> <p>-"I certainly had no idea we had the difficulty we were having (regarding medication)."</p> <p>-"Historically she (AFL Staff #1) has always needed help (with medication administration)."</p> <p>-FC #2 could have arrived with more medications than we were aware of.</p> <p>-"The QP was supposed to be matching bottles to orders to MARS..."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 8-14-24 of a Plan of Protection dated 8-14-24 completed and submitted by the Program Manger #1 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ol style="list-style-type: none"> 1. Will be removing consumer ASAP (as soon as possible) from home. 2. Nurse to monitor medications one time a week while the consumer remains in the home. 3. QP to monitor home, medications and treatment one time a week separate to nurse until consumer moves from the home. <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1. Guardian informed on August 13, 2024 that home to be closed. She requested we begin looking at homes. 2. Two potential AFL providers approached and presented with consumer case and to let us know no later than 8/14, 2024. 3. Guardian will be presented with options immediately upon agreement of potential homes. 4. Nurse already set up to start at least weekly visits. 	V 118	<p>1. Completed</p> <p>2. Completed 1 time before move</p> <p>3. Completed 1 time before move Completed</p> <p>4. Completed 1 visit before move</p>	

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V 118	Continued From page 22 5. QP already set up to start at least weekly visits." Review on 8-29-24 of the an amended Plan of Protection dated 8-29-24 completed and submitted by the Program Manager #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Removed consumer ASAP from home. Upon being informed of medication errors, guardian was contacted and informed of our need to move ASAP. Guardian identified home that she would like consumer placed in but that individual will need to be trained. Consumer moved to a certified home on 8/21/2024. 2. Nurse visited home on the second day of the DHSR visit. Conducted medication review (as she was already scheduled to do) and then reconducted Medication Administration class. She visited the home one more time before consumer moved. At that time she again went through medications and checked for accuracy. 3. QP was scheduled to check on consumer and contractor and did so two additional times before consumer was moved. 4. Training scheduled with nurse and QPs for a training on how to effectively check medications in the home. Scheduled for the afternoon of 9/10/2024. Emphasis will be matching the prescriptions to the bottles (while noting the date filled of prescription bottles) and the MARs. 5. In process when investigation began but to continue, gaining access to EMRs (electronic medical record) to assure most up to date doctor information is scheduled. 6. Medication Requirement section of DHSR policies for AFLs sent to nurse on 8/29/2024 in preparation for fine tuning of training. Describe your plans to make sure the above happens.	V 118	1. Completed 2. Completed 3. Completed 4. Completed 5. Continue to implement problems with Health Exchange 6. Completed on 11/10/24, the Alaps regarding QPs and medication requirements.	11/30/24

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V 118	<p>Continued From page 23</p> <ol style="list-style-type: none"> 1. Has occurred. 2. Has occurred. 3. Has occurred. 4. Scheduled on 9/10/2024 at mandatory face to face QP meeting. Program Manager has arranged already. 5. QPs are in process with working with AFL providers and guardians to obtain access. Target date for completion is 10/1/2024. 6. Has occurred." <p>Clients at the facility had diagnoses that included Mild and Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Anxiety, Post Traumatic Stress Disorder, Autism and Gastroesophageal Reflux Disease. Clients took a variety of different medications for control and stabilization of medical and psychiatric disorders. There were no physicians' orders for Client #1's Levothyroxine sodium, Polyethylene Glycol 3350 Powder, Famotidine or Lovastatin. The MARs for Client #1 did not match physicians' orders and/or medication labels. There was a discrepancy with many of Client #1's medications in regards to how many tablets were dispensed by the pharmacy and how many tablets remained in the pharmacy bottles as the AFL Staff #1 combined medication bottles. It could not be determined if Client #1 was receiving the correct dosage of medication or if the medication administered to Client #1 was expired due to the mixing of pharmacy dispensed bottles of medications. There were no physicians' orders for any of FC #2's medications. An assessment and self-administration order for FC #2 to self-administer her medications was not present. FC #2 was admitted to the facility with a list of seven medications which she was prescribed; however, an additional three medications were identified by the dispensing pharmacy as well as one additional medication</p>	V 118	<p>5. Health Exchange is behind on uploading information. QPs attempting to work with guardians on obtaining access to EMR of medical professionals</p>	

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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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V 118	Continued From page 24 identified by the EMS first responder. Due to the discrepancies between the list completed by FC #2's guardian, the reports provided by the dispensing pharmacy and the EMS first responder, it could not be determined what medications FC #2 was prescribed and what medication she may have had in her possession when admitted to the facility. There were no MARs for FC #2. This deficiency constitutes a Type A1 rule violation for serious neglect and harm and must be corrected within 23 days.	V 118	<p><i>Contract Surrendered. Contractor not longer with our agency. New Administration / Move form to stop issue repeating anywhere across the region.</i></p>	
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a	V 289		<p><i>8/29/24</i></p>

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V 289	<p>Continued From page 25</p> <p>developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209(c)(1) - non-prescription medications only (d)(2),(4); (e) (1)(A),(D),(E),(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p>	V 289		

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V 289	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope for which it was licensed affecting 2 of 3 former clients (Former Clients (FC) #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0201 Governing Body Policies (Tag V106). Based on record reviews and interviews, the facility failed to implement their policy of the medical preparedness plan to be utilized in a medical emergency affecting 1 of 3 former clients (Former Client (FC) #2).</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (Tag V108). Based on record review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients affecting 1 of 2 staff (AFL (Alternative Family Living) Staff #1).</p> <p>Review on 8-12-24 of the facility's Division of Health Service Regulation's license revealed: -The facility was not licensed to provide respite services.</p> <p>Review on 8-12-24 of a Department of Social Services (DSS) document dated 7-25-24 revealed: -DSS was the legal guardian of FC #2. -"[FC #2] is currently placed with [AFL (Alternative Family Living) Staff #1], a Community Alternative licensed respite provider..." -"Any information in regards to this adult's health (FC #2)...may be released to [FC#2's primary care provider as this individual is the direct caregiver of this adult while doing respite."</p>	V 289	<p>License surrendered.</p> <p>No AFLs without a designated bed for respite to be used.</p> <p>Placed on newly developed AFL Admission/Move check list and Respite Process sheet.</p>	<p>8/29/24</p> <p>9/21/24</p> <p>10/1/24</p>

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V 289	<p>Continued From page 27</p> <p>Review on 8-12-24 of a licensee document titled "Payment Schedule" revealed: -Addressed to the guardian of FC #2. -"...3. that you will be responsible for [FC #2] on July 25th through July 28th if respite can not be worked out with the Overton Home who are current contractors with CANC (Community Alternatives of North Carolina)..."</p> <p>Interview on 8-12-24 with FC #2 revealed: -Knew she was not staying permanently at the facility with AFL Staff #1. -Her placement was just for the weekend.</p> <p>Interview on 8-15-24 with FC #2's DSS guardian revealed: -Wrote the letter and sent it to Program Manager #2 regarding respite care for FC #2 at the facility.</p> <p>Interview on 8-14-24 with FC #2's primary care provider revealed: -Upon admission of FC #2, the licensee was aware of the upcoming need for respite the following week. -The plan was for FC #2 to return to her care upon return from vacation.</p> <p>Review on 8-22-24 and 8-27-24 of FC #3's record revealed: -Qualified Professional (QP) note signed and dated by the Program Manager #1 on 6-28-24 revealed: "I received a call last night from [FC #3]. He had been in jail awaiting trial on a secured bond since the end of May. They unsecured his bond at 5pm. He notified us after 7 (pm) wanting to know where he would be sleeping. [Program Manager #2] and I contact [AFL Staff #1] ...picking him up in [local town] and taking him home for the night..."</p>	V 289	<p><i>Again, Consumer had not received authorization for any services, including respite, but rather was a private pay.</i></p>	

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V 289	<p>Continued From page 28</p> <p>Review on 8-22-24 of the discharge plan for FC #3 revealed: -Was not specific to the facility. -"service site: 8 homes in 4 months" -"...[FC #3] last there for about 2 weeks before he lunged...and police were called...discovered multiple outstanding warrants...he did over 30 days in jail. He went to another home where he lasted less than a week before he called police to move him...slept in the CANC office that night...to a third home that last 4 days and then to a fourth home. Police were called...outstanding warrants were found in that county. He was placed in jail...a fifth home...until he blew out of that home, then a sixth & a seventh. He attempted to set fire in home." -"Recommendations...Placement in higher level of care..." -Signed and dated by Program Manager #1 on 7-17-24.</p> <p>Interviews on 8-12-24 and 8-20-24 with AFL Staff #1 revealed: -FC #2 was dropped off on a Thursday and was to be picked up on the Sunday. -FC #3 was in the facility for "about a week". -Both FC #2 and #3 was placed in the facility for "respite". -"He (FC #3) called the ambulance 3 times in 7 days...it was a pattern with him (FC #3) and [Program Manager #1] told him it (placement in this facility) was his last resort and from then on they would put him in the street..." -"They (licensee) had no where to put him (FC #3) so he stayed a little longer. Just for respite."</p> <p>Interviews on 8-13-24 and 8-20-24 with the QP revealed: -"I wasn't really filled in on the respite placement (for FC #2)."</p>	V 289	<p>Consumer received in lieu of services which was what was provided at AFL home. Respite services are unavailable.</p>	

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NAME OF PROVIDER OR SUPPLIER
OVERTON HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1106 CLEVELAND AVENUE
GROVER, NC 28073**

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V 289	<p>Continued From page 29</p> <ul style="list-style-type: none"> -FC #3 was in the facility for respite "I believe for only one day..." -FC #2 and FC #3 received respite services from the facility. -Program Manager #2 made decisions on placement. -Program Managers #1 and #2 "...put that client (FC #3) there." -Did not know that the home had to be specifically licensed for respite. "I thought it had to per the clients' plan. If they have preapproved respite in their plan, they can use it." <p>Interviews on 8-14-24 and 8-15-24 with Program Manager #2 revealed:</p> <ul style="list-style-type: none"> -Was responsible for completing intakes and placements for the licensee. -FC #2 was initially admitted into a different facility knowing that there was a need for "respite" a week later. -The guardian wrote a letter that AFL Staff #1 could provide "respite" and obtain emergency medical services if needed. -FC #2 only went to the facility for "respite". That placement was never intended as a long-term placement. <p>Interview on 8-27-24 with Program Manager #1 revealed:</p> <ul style="list-style-type: none"> -"[FC #2] did not have a service at that time. She was an emergency placement. [The DSS guardian] knew she had to go somewhere for a few days." -FC #3 was in the facility "for short term care" not respite. He received individual supports. -Neither FC #2 nor #3 were billed as respite. FC #3 was private pay. <p>Review on 8-29-24 of a Plan of Protection dated 8-29-24 completed and submitted by the Program</p>	V 289	<p>No respite to be provided in AFL home unless respite bed listed on license. Double checked on Respite flow sheet</p>	9/21/24

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V 289	<p>Continued From page 30</p> <p>Manger #1 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> Consumer moved from that home on 8/21/2024. Review with Program Managers and QPs the need for up-to-date disaster plans, which provide information needed in emergencies, for each client in place on the day that consumer is placed. This to begin immediately. Person Specific Competencies completed and faxed to Human Resources on day of admission to be placed in AFL providers and Direct Care Professional files that day. Checklist for admissions to be developed 8/30/2024 for new consumers that is stored with consumer's electronic record. Checklist will be to make sure that everything is in place before and at the time of admission. It will cover Person Specific Competencies, Disaster Plans, Admission's documents, and other necessary paperwork. Begun by the Program Manager working on admission, it will then be reviewed and finished by the home's supervising QP. During QA (Quality Assurance) reviews, this checklist will be compared to documentation. QPs or the Program Manager will be responsible for internal transfers. Program Managers will assure that no consumers are placed in licensed homes beyond the scope is licensed for. <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> Has occurred. Calls set up with QPs today to review and begin. Program Manager to assure completion. Discussing with Human Resources a way to assure that on the day of admission they receive all relevant paperwork. Both Program Mangers to work together to 	V 289	<p>2. Program Manager and QPs are in process of updating any Disaster Plans that are up to date.</p> <p>QPs QPs and Program Manager reviewed Disaster Plans on daily QP Stand up Call.</p> <p>3. As per newly developed Admission/Move checklist.</p> <p>4. Completed and in use.</p> <p>5. Reviewed with QPs and tracked by 2 forms - Admission/Move and Respite Process.</p>	<p>10/31/24</p> <p>01/11/24</p>

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V 289	<p>Continued From page 31</p> <p>complete tomorrow.</p> <p>5. This will be part of the checklist created for when transfers or admissions occur."</p> <p>Clients had diagnoses that included Intellectual Development Disabilities, Autism, Attention Deficit Hyperactivity Disorder, Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Disruptive Mood Dysregulation. The facility was licensed for Alternative Family Living; the facility was providing respite services and was not licensed for such. In one emergent event on 7-28-24, FC #2 overdosed on multiple prescription medications and the AFL Staff #1 was unable to provide medical information to EMS staff. The only information that was able to be provided to EMS regarding FC #2 was her name and age. First responders were limited in their ability to provide emergency medical treatment for the overdose due to no information being made available. Training was not provided to prepare AFL Staff #1 to meet the needs of the clients. FC #3 had an extensive history of calling 911 and multiple hospital visits both related to psychiatric issues prior to admission to the licensee and the facility. Training was not provided regarding that client, his behaviors or diagnoses, and how to address his psychiatric needs. FC# 3 was discharged from the facility after one week due to his multiple calls to 911 and his aggressive behaviors.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 289	<p>Newly developed Admission/Move Checklist is designed to assure all training is complete at time of move in. GPs re-trained on obtaining and distributing information as well as the need to store electronically.</p>	09/10/24

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V 366	Continued From page 32	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</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</p>	V 366	<p>Retraining of all QPs on importance of timely Incident Reports as well as proper maintenance of Incident Reports. Went over Incident Reports, Critical Incident Reports and the IRIS system.</p>	

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V 366	Continued From page 32	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. <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</p>	V 366		

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V 366	<p>Continued From page 34</p> <p>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: Based on record reviews and interviews, the facility failed to implement written policies governing their responses to level I and II incidents as required. The findings are:</p> <p>Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed: -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder (PTSD), and Disruptive Mood Dysregulation.</p>	V 366	<p>Reviewed ^{with} QPs the importance of following Incident Reports, the different types of Incident Reports, timely submission, and updating them as new information comes in. Treatment team to occur (face to face preferably) after Critical Incident</p> <p>Purpose is to review what happened and brainstorm ways of assisting consumer.</p>	9/8/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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(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 366	<p>Continued From page 34</p> <p>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: Based on record reviews and interviews, the facility failed to implement written policies governing their responses to level I and II incidents as required. The findings are:</p> <p>Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed:</p> <ul style="list-style-type: none"> -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder (PTSD), and Disruptive Mood Dysregulation. 	V 366	<p>Admission / Move Checklist designed with redundancies to assure completion. Clinical Management Team (at least 1 member) will meet with Tx team</p>	<p>9/15/24 10/8/24 KE</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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V 366	<p>Continued From page 35</p> <p>Review on 8-22-24 and 8-27-24 of FC #4's record revealed: -Admission date: 2-1-24. -Discharge date: 4-13-24. -Diagnoses: Mild Intellectual Developmental Disabilities, ADHD, Bipolar Disorder, PTSD, Conduct Disorder and Other persistent mood disorder. -Discharge summary specific to the licensee signed and dated 6-3-24: -"One evening he attempted to set fire to the kitchen..." -Qualified Professional notes: -Note not dated or signed; "...[FC #4] had tried to set the house on fire... 911 was called..."</p> <p>Review on 8-20-24 of local county sheriff communications log revealed: -Local Emergency Medical Services (EMS) and local Sheriff's department responded to the facility: -5-19-24 - Psychiatric/suicide attempt. -6-30-24 - Psychiatric/suicide attempt. -7-6-24 - Psychiatric/suicide attempt.</p> <p>Reviews on 8-19-24, 8-20-24, and 8-28-24 of Incident Response Improvement System (IRIS) revealed: -There were no level II incidents for FC #3 or FC #4.</p> <p>Review on 8-27-24 of facility's internal incident reports revealed: -Dated 6-30-24; completed by AFL Staff #1, Emergency Medical Services (EMS) was called by FC #3 due to suicidal ideations; -no documentation of the following: -attending to health and safety needs; -determining the cause;</p>	V 366	<p><i>to review incidents. QPs retrained on need for timely, complete QP notes. Human Rights Committee also reviews meet incident reports.</i></p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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NAME OF PROVIDER OR SUPPLIER OVERTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073
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V 366	<p>Continued From page 36</p> <ul style="list-style-type: none"> -developing and implementing corrective measures; -developing and implementing measures to prevent; -assigning persons to be responsible for implementation; -adhering to confidentiality requirements; and -maintaining documentation. <p>-Dated 7-5-24; completed by Qualified Professional (QP); EMS was called; FC #3 attempted to run out of the home and into traffic:</p> <ul style="list-style-type: none"> -no documentation of the following: -determining the cause; -developing and implementing corrective measures; -developing and implementing measures to prevent; -assigning persons to be responsible for implementation; -adhering to confidentiality requirements; and -maintaining documentation. <p>Interview on 8-12-24 with AFL Staff #1 revealed:</p> <ul style="list-style-type: none"> -EMS and Sheriff's department had not been called to the facility. -No clients had suicidal ideation. <p>Interview on 8-20-24 with AFL Staff #1 revealed:</p> <ul style="list-style-type: none"> -"He (FC #3) said he was his own guardian and could do what he wanted to do." -"He (FC #3) called the ambulance 3 times in 7 days..." -Both EMS and the Sheriff's department would come out when FC #3 called. -FC #4 was discharged because he attempted to set the facility on fire. <p>Interviews on 8-13-24, 8-20-24 and 8-28-24 with the QP revealed:</p> <ul style="list-style-type: none"> -Was not aware of any EMS and Sheriff's 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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V 366	<p>Continued From page 37</p> <p>department response to the facility prior to 7-28-24.</p> <p>-"There should be incident reports and IRIS reports for those (when EMS and Sheriff's department responded)."</p> <p>-"I am not sure (about the incident on 6-30-24) "</p> <p>-"Definitely a lack of communication. I did not know some of those (incidents)..."</p> <p>Interview on 8-20-24 from Program Manager #1 revealed:</p> <p>-"I do not have incident reports."</p> <p>Interview on 8-27-24 from Program Manager #1 revealed:</p> <p>-"When I go through a safety committee and there are no incidents, I am concerned."</p> <p>-"He (FC #4) tried to set fire to the kitchen and I can't find incident reports."</p> <p>-"There should be within 24 hours (incident reports) sent up to [Executive Director] and I..."</p> <p>-"I don't have any idea (communication between the QP and the facility regarding incidents)."</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER OVERTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073		
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V 367	Continued From page 38 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information, (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER OVERTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 CLEVELAND AVENUE GROVER, NC 28073		
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V 367	Continued From page 39 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). (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 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident, (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents in the Incident Response Improvement System (IRIS) within 72 hours of becoming aware of the	V 367		
			All QPs retrained on entire Incident Reporting Systems (Internal)	9/21/24

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V 367	<p>Continued From page 40</p> <p>incident. The findings are:</p> <p>Reviews on 8-22-24 and 8-27-24 of FC #3's record revealed: -Admission Date: 6-28-24. -Discharge Date: 7-6-24. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Borderline Intellectual Functioning, Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder (PTSD), and Disruptive Mood Dysregulation.</p> <p>Review on 8-22-24 and 8-27-24 of FC #4's record revealed: -Admission date: 2-1-24. -Discharge date: 4-13-24. -Diagnoses: Mild Intellectual Developmental Disabilities, ADHD, Bipolar Disorder, PTSD, Conduct Disorder and Other persistent mood disorder -Discharge summary specific to the licensee signed and dated 6-3-24: -"One evening he attempted to set fire to the kitchen..." -Qualified Professional notes: -Note not dated or signed; "...[FC #4] had tried to set the house on fire ...911 was called..."</p> <p>Review on 8-27-24 of facility's internal incident reports revealed: -Dated 6-30-24; completed by AFL Staff #1; Emergency Medical Services (EMS) was called by FC #3 due to suicidal ideations; no documentation of notifications. -Dated 7-5-24; completed by Qualified Professional (QP); EMS was called; FC #3 attempted to run out of the home and into traffic, only licensee internal notification documented.</p>	V 367	<p><i>and external). Review during in service will include who is contracted when. QPs to write review with all staff and contractors</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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V 367	<p>Continued From page 41</p> <p>Review on 8-20-24 of local county sheriff communications log revealed: -Local Emergency Medical Services (EMS) and local Sheriff 's department responded to the facility: -5-19-24 - Psychiatric/suicide attempt. -6-30-24 - Psychiatric/suicide attempt. -7-6-24 - Psychiatric/suicide attempt.</p> <p>Reviews on 8-19-24, 8-20-24, and 8-28-24 of IRIS revealed: -There were no level II incidents for FC #3 or FC #4.</p> <p>Interview on 8-20-24 with AFL Staff #1 revealed: -"He (FC #3) called the ambulance 3 times in 7 days. " -Both EMS and the Sheriff's department would come out when FC #3 called. -FC #4 was discharged because he attempted to set the facility on fire.</p> <p>Interviews on 8-13-24, 8-20-24 and 8-28-24 with the QP revealed: -Was not aware of any EMS and Sheriff's department response to the facility prior to 7-28-24. -"We get incident reports when staff call about an incident or when someone has gotten hurt or if we are knowledgeable..." -"When we know, staff is supposed to write it and turn it in..." -"There should be incident reports and IRIS (Incident Response Improvement System) reports for those (when EMS and Sheriff's department responded)." -"Whoever knows about it (an incident) is responsible for making sure that paperwork (IRIS) is followed up on." -"I am not sure (about the incident on 6-30-24)."</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
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V 367	<p>Continued From page 42</p> <p>"Definitely a lack of communication. I did not know some of those (incidents)..."</p> <p>Interview on 8-20-24 from Program Manager #1 revealed: -"I do not have incident reports."</p> <p>Interview on 8-27-24 from Program Manager #1 revealed: -"When I go through a safety committee and there are no incidents, I am concerned." -"He (FC #4) tried to set to set fire to the kitchen and I can't find incident reports." -"There should be within 24 hours (incident reports) sent up to [Executive Director] and I and uploaded into IRIS."</p>	V 367		
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 interview, the facility was not maintained in a safe manner. The findings are.</p> <p>Observation on 8-12-24 at approximately 2:50 pm of the facility revealed: -Three fire extinguishers were in the facility. -All three fire extinguishers were certified in July of 2023 with an expiration date of one year.</p> <p>Interview on 8-12-24 with the AFL Staff #1 revealed:</p>	V 736	<p><i>QPs will be checking on certifications of all fire extinguishers on their upcoming home visits</i></p>	<p><i>10/25 KE 10/21/23</i></p>

Division of Health Service Regulation

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V 736	<p>Continued From page 43</p> <p>-The company that serviced the fire extinguishers came out last month "...but I wasn't home, and they said they would come back."</p> <p>-"I haven't heard from them (the service company)."</p> <p>Interview on 8-28-24 with the Qualified Professional (QP) revealed:</p> <p>-"When we walk through the home, we go to the clients' room, living space, kitchen and bathroom...make sure they have everything for their annual (Division of Health Service Regulation survey)..."</p> <p>-Did not check expiration dates on fire extinguishers</p> <p>Interview on 8-27-24 with the Program Manager #1 revealed:</p> <p>-The QP was responsible for making sure the facility was safe and orderly.</p>	V 736		

AFL ADMISSION AND MOVE CHECKLIST (9-2024)

ADMISSION PROGRAM MANAGERS/QP

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> PCP/ISP<input type="checkbox"/> Client Crisis Plan<input type="checkbox"/> AFL Crisis Plan<input type="checkbox"/> Authorization<input type="checkbox"/> AFL Contract and Pay Agreement<input type="checkbox"/> Home Cert AND HCBS<input type="checkbox"/> Census Sheet<input type="checkbox"/> Data Sheet<input type="checkbox"/> Client Specific Comp<input type="checkbox"/> AFL Training at 100%<input type="checkbox"/> Tenant Agreement<input type="checkbox"/> Prescription Copies<input type="checkbox"/> Guardianship Docs<input type="checkbox"/> Pay Agreement<input type="checkbox"/> MAR<input type="checkbox"/> F2.1 Annual Consumer Profile<input type="checkbox"/> F2.3 Admission Assessment<input type="checkbox"/> F2.30 Orientation Checklist<input type="checkbox"/> F4.2 Rights Acknowledgement<input type="checkbox"/> F4.34 Individual Grievance | <ul style="list-style-type: none"><input type="checkbox"/> F4.3 Medication Consent Form<input type="checkbox"/> F4.4 Emergency Medical/Dental Tx<input type="checkbox"/> F4.5 Consent to Manage Funds<input type="checkbox"/> F4.7 Consent for Services<input type="checkbox"/> F4.8 Consent to Volunteer<input type="checkbox"/> F4.9 Consent to Photo<input type="checkbox"/> F4.10 General Consent Form (medical)<input type="checkbox"/> F10.6 Provider Choice Statement<input type="checkbox"/> F4.11 Consent for Release of Info<input type="checkbox"/> F4.13 Service Charge Information<input type="checkbox"/> F4.23 Notice of Privacy Practices<input type="checkbox"/> F4.25 Consent to Enter<input type="checkbox"/> F4.26 Freedom of Choice/Medical<input type="checkbox"/> F4.27 Authorized Contacts<input type="checkbox"/> F4.28 Admit Agreement<input type="checkbox"/> F4.33 Community Vendors Choice<input type="checkbox"/> F10.13/14 Verification Receipt Welcome Handbook |
|---|---|

QP Signature

Date

Receiving contractor signature

Date

QP Checklist WITHIN A WEEK OF ADMISSION

- | | |
|---|--|
| <input type="checkbox"/> F2.48 Unsupervised Time Assessment | <input type="checkbox"/> F2.2 Photo Identification |
| <input type="checkbox"/> AFL Monthly Checklist | <input type="checkbox"/> F2.8 Rec/Leisure Assessment |
| <input type="checkbox"/> Client Specific Comp | <input type="checkbox"/> F2.44 CANC Consumer Information Form |
| <input type="checkbox"/> Supervision Contract | <input type="checkbox"/> F4.14 Burial Information |
| <input type="checkbox"/> Check MAR | <input type="checkbox"/> F2.11 Human Development |
| <input type="checkbox"/> Face Sheet Form B | <input type="checkbox"/> F2.12 Community/Home Life |
| <input type="checkbox"/> F 2.45 Choking Assessment | <input type="checkbox"/> F2.13 Individual Self-Assessment |
| <input type="checkbox"/> Pneumonia Assessment | <input type="checkbox"/> F2.33 Intake Screening |
| <input type="checkbox"/> Check MAR In Home | <input type="checkbox"/> F2.4 Asset List |
| <input type="checkbox"/> Copy MDC Card In Client File | <input type="checkbox"/> F4.16 Release of Tracking Information |
| <input type="checkbox"/> Copy MDC Card in Home | <input type="checkbox"/> F5.5 AIMS |
| <input type="checkbox"/> ISP and Data grids in home | |

QP signature

Date

Receiving contractor Signature

Date

TRANSFER BETWEEN HOMES (permanent or respite)

<ul style="list-style-type: none"><input type="checkbox"/> AFL Monthly Checklist<input type="checkbox"/> Client Specific Comp<input type="checkbox"/> Pay Agreement<input type="checkbox"/> Check MAR<input type="checkbox"/> Face Sheet Form B<input type="checkbox"/> Check MAR In Home<input type="checkbox"/> Copy MDC Card In Client File<input type="checkbox"/> Copy MDC Card in Home<input type="checkbox"/> Add/Change Form	
--	--

QP Signature

Date

Receiving contractor signature

Date

Respite Process

9-2024

1. Check calendars for when staff/contractors are scheduled.
2. Discuss with Program manager
 - a. Call, make sure we discuss via phone or TEAMS meeting, Don't just email.
 - b. PM and QP will discuss timeframe, client needs, pay rate for staff
 - c. The clinical team can give you an idea of which contractors/staff to reach out to. PM will add client name to calendar.
3. QP to call respite provider after discussing/meeting with PM
 - a. Discuss honestly and openly about client
 - b. Let staff/contractor know a pay agreement will be present prior to client moving in
 - c. Licensed without a respite bed license NOT TO BE USED
 - i. QP/QPM will verify actual license
4. QP to contact guardian and get written approval.
 - a. This can be via, text, fax, emails, scan approval
 - b. Make sure they have name, address, and phone number of respite provider.
5. QP to create schedule of
 - a. When client will over
 - b. Gather documentation that must be completed prior to move or sta.
6. PM to contact Business Manager to get census sheet (if needed) and update your reconciliation sheet.
7. QP to prepare package for respite provider. To include:
 - a. Medication Information, MARs, plan, notes, consents for treatment, general consent for treatment, and person specific competency at a minimum.
8. Contractor to arrange transportation themselves.
9. QP to talk to both contractor and respite provider about who will bill which days on the first day and the last day. QP then communicates this to BOM/PM via email
10. QP to assure with primary contractor that, prior to consumer going for a stay elsewhere, they will:

- a. do a medication check in and out
 - b. Verify that consumer is taking everything they need (extra batteries for hearing aids, everything for C-Paps, etc.)
 - c. Verify consumer has some spending money. Enough to cover the cost of at least a fast-food meal.
11. If a consumer is going out of state, QP will complete out of state travel requests ONLY for Innovations Waiver participants.
12. Complete Person Specifics Competencies with respite provider.
13. Complete face sheet recently created for temporary move
14. Complete move/face sheet to verify all documents are current, meds are correct

**CANC Take Home
Medication Administration,
Additional Training Materials:**

“How to” quick reference to Medications

If ever in doubt, call your supervisor.

Office Number: _____

After Hours Phone Number: _____

Table of Contents

Common Terms-

Doctor- any health care professional that prescribes medications

RX-prescription

QP-Qualified Professional

AFL PROVIDER- contractor/staff

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1. Procedure for Obtaining New Medication Orders:

General Questions	What and who does what
1. Who obtains new orders?	1. The new prescription is obtained by the person (AFL or guardian) who is accompanying the individual to the doctor's office.
2. What form(s) must be used to obtain orders?	2. The Medical Consult Form (see example on next page) will be used to obtain orders. The forms must include specific information including allergies, current medications (prescribed by that Doctor only) and treatments. AFL needs to also fill out, before leaving home, the current dietary information, any signs and symptoms, health insurance information (Medicaid card usually) and any laboratory or diagnostic test results the Doctor has not seen. AFL must also take a copy of medications prescribed by any other doctor. Any new med orders <i>or</i> refills need to be obtained in a written form from the physician. It can be a written prescription or it can be computer generated that is sent directly to the pharmacy. <i>Any orders written on the medical appointment consultation will also need to be written on a prescription or sent to the pharmacy. You must get a copy of the prescription either from the doctor's office or the pharmacy.</i>
3. How/by what means is information related to new orders communicated with the - • Supervisor? • Pharmacy? What is the timeline for this communication?	3. AFLs are responsible for: a. Calling the supervisor that day to let them know of changes. Getting the new orders to the supervisor within one business day either through fax or dropping off the forms at the office. Psychotropic medications (one that alter the moods or behavior) must have a guardian's permission before we can administer. b. All new orders faxed or taken to the Pharmacy within two hours during regular business hours
4. Who documents the new orders on the MAR? When?	4. New orders are transcribed onto the MAR by the AFL when the new medications get to the home. If you need help---call your supervisor.
5. Where are the new orders filed? Who is responsible for filing the orders?	5. Your supervisor will file the original or copy of the order in the office. AFL will file a copy with the MARs.
6. What, if any, are the responsibilities of the:	6. The doctor is responsible for reviewing the

<p>2. What if the doctor's orders change when or how the medication is given and I still have medications left in the bottle?</p>	<p>2. The label on the bottle must be changed by the pharmacy before giving. You must never mark on the prescription bottle yourself.</p>
<p>3. What if the doctor's office gives me a sample to use with my client?</p>	<p>3. Do not take them. We cannot give them.</p>
<p>4. My client's doctor does not give me the prescriptions, only sends them directly to the pharmacy. What now?</p>	<p>4. That's OK. Make sure that the doctor has completed the Medical Consult Form with a signature. Make sure you get a copy of the prescription (whether a new med or a refill) from the pharmacy.</p>
<p>5. Can I attach my client's Discharge paperwork from the appointment to the Medical Consult Form?</p>	<p>5. That is a great idea but we will still need the doctor to fill out and sign the Medical Consult Form.</p>
<p>6. My doctor's office has called and wants me to hold or change the amount of medication I give my client. What do I do?</p>	<p>6. Doctor must write a new order and send to the pharmacy. It is your responsibility to get a copy of the prescription. Call your supervisor.</p>
<p>7. My doctor has prescribed an injection (shot) for the first time to my client. Do I give it?</p>	<p>7. You can after training by a nurse but not before. Ask the doctor if this is something that can wait and if it can---have her write the prescription start date for when she needs it to start. Call your supervisor immediately so that she can begin setting up nurse's training.</p>
<p>8. What if my doctor prescribes a medication and the pharmacy does not have it so I can start on that day?</p>	<p>8. It is our responsibility to start all medications on the day they are prescribed. If a medication cannot be started that day, the doctor should write on the prescription "To begin when...(whatever the case is). It is a med error if this does not occur as requested.</p>
<p>9. What if the doctor prescribes an over the counter med and my client refuses to buy it?</p>	<p>9. Our clients can refuse their medications at any time. If the doctor has ordered a PRN medication and the client refuses to buy it, we must inform the doctor, get it in writing that the doctor is aware of the refusal, ask for a substitution if there is one and mark the MAR as a refusal. If the doctor re-writes the order with the client's preference in mind, you are done with it. If the doctor does not---med error. Either way, call your supervisor.</p>

<p>10. How do I know if my prescription is a controlled substance (schedule II)?</p>	<p>10. Controlled substances (schedule II) are medications that have a high incident of addiction/abuse. Usually doctors will hand the written prescriptions to you as the AFL but the other way to tell is if you have to show an identification to pick it up.</p>
<p>11. My client has been prescribed a schedule II controlled medication—now what?</p>	<p>11. If the medication is a controlled substance, you must fill out an Individual Controlled Sign Out form (see example after this section). Also, IMMEDIATELY call your supervisor as we need to get permission from guardian before starting most schedule II medications. The same is true for all psychotropic drugs (drugs that affect an individual's mental state).</p>



Community Alternatives North Carolina
Medical Consultation Report

Name:

[Redacted]

Date of Birth

[Redacted]

Medicaid #

Record #:

Allergies

NKA

I. Physician/Consultant Name:

Medical Specialty:

General

II. Reason for Visit:

follow up

Appointment Date/Time:

5/2/15 9:15

A.M. / P.M.

III. Staff Accompanying Individual to Visit:

[Redacted]

IV. Current Medications, Treatments, Diet:

Depakote Sprinkles 500mg 4 caps qd
Adderall 7.5 mg qd

V. Physician Consultation Information, Findings:

Pureed food, heart healthy diet, thickened liquids - honey consistency
↓ weight - 1lb.

VI. Plan/Recommendations:

Continue heart healthy diet

VII. Medication Changes:

None

Please document medication changes on this form. However, this form does not serve as a medication order. A written prescription is needed for each medication.

VIII. Restrictions:

N/A

Food

Activity

Contagious

Work

Explain restrictions:

Return appointment needed:

No

Yes

Date/Time:

7/1/15 9:15A

5/2/15

Date

COMMUNITY ALTERNATIVES STAFF COMPLETE THE FOLLOWING:

IX. Primary physician notified of recommendations:

Yes

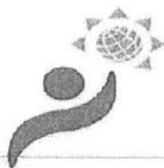
No

N/A

X. Recommendations Reviewed / Approved by:

Name/Title

Date



Community Alternatives – North Carolina
Individual Controlled Sign-Out Sheet

Name: [Redacted] Date Dispensed: 9/21/14
Rx #: [Redacted] Quantity Dispensed: 30
Medication & Dosage: Adderall 7.5 mg qd Start Date: 9/21/14
Prescribing M.D.: [Redacted]
Staff Receiving Medication: [Redacted]

QUANTITY	DATE	TIME	DOSE	DOSE GIVEN BY	NUMBER LEFT
30	9/21/14	8p	1	[Redacted]	29
29	9/22/14	7A	1	[Redacted]	28
28	9/22/14	8p	1	[Redacted]	27

2. Procedure for Obtaining Renewal Medication Orders: (re-ordering medications)

Questions to be answered to determine the procedure to be followed:	Information to be included in your Procedure:
1. Who may obtain renewal orders?	1. The renewal orders are obtained by the AFL provider.
2. What form(s) must be used to obtain orders? (Are orders to be re-written on the doctor's RX form or are orders to be renewed on the computer generated form?)	2. The renewal orders are obtained in writing from the physician. It will be written or computer generated onto a prescription form or it could be directly sent to the Pharmacy. Any renewal orders written on the medical appointment consultation will also need to be written on a prescription or sent onto the Pharmacy for it to be acceptable. <i>Make sure that you get a copy of the prescription with each renewal.</i>
3. How/by what means is information related to new orders communicated with the – <ul style="list-style-type: none"> • Supervisor? • Pharmacy? 	3. Renewal orders are communicated to the QP/supervisor via phone and/ or fax by the AFL provider. Renewal orders are faxed to the pharmacy by the doctor's office. Supervisors need to be aware of any changes in medications when they occur.
4. What is the timeline for re-filling prescriptions?	4. AFLs should be aware of how early they can re-fill their client's medications. Most clients have Medicaid which only allows 5 to 7 days in advance of the end of the prescription. AFLs need to re-fill prescriptions as early as they are allowed to so that there is always a small supply on hand in case of emergency situations.
5. Who documents the new order date on the MAR? When?	5. Renewal orders do not have to be rewritten or transcribed onto the MAR if no changes have been made by the doctor. AFL providers will need to make changes on the MAR on the day that the prescription is received which should also be the first date that the medication is given. AFL providers will call supervisors to inform them of any changes in medications that day.
6. Where are renewal orders filed? <ul style="list-style-type: none"> • Who is responsible for filing the renewal orders? 	6. AFL providers will file a copy of the renewal order in the Medical Record Book that is maintained in the home. A copy is also filed in the Consumer Chart in the local office.
7. What, if any, are the responsibilities of the – <ul style="list-style-type: none"> • doctor? • Pharmacy? • AFL provider • QP/PM 	7. The doctor or person prescribing the medication will: a. write the amount of medication to be dispensed per month, b. write to the pharmacy the number of times that prescription can be re-filled, The pharmacy will:

	<p>a. review medications and b. ask for renewals of prescriptions as needed c. dispense and label the medications</p>
	<p>The AFL provider's responsibility is: a.refill medications in a timely manner, b. comparing the doctor's prescription to the medication bottle and ensuring that they are the same. If not, do not give the medications. Call your supervisor and client's doctor for clarification. c. if the orders match, enter the information onto the MAR and begin the medication as prescribed.</p>
<p>8. In addition to documenting the new start date on the MAR, is documentation required elsewhere?</p> <p>9. Where are meds kept?</p>	<p>The QP/your supervisor's responsibility is to be available for consultation.</p> <p>8.In addition to documenting the new renewal start date on the MAR, no other documentation is required.</p> <p>9. Medication will be locked in a medication storage cabinet in the home. Controlled medications(schedule II) will be double locked.</p>
<p>Frequently Asked Questions</p> <p>1.</p>	

3. Procedure for obtaining PRN (as needed) orders and medications:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
1. Who obtains PRN med orders/meds?	1. The PRN prescription is obtained by the person accompanying the individual to the doctor.
2. What form(s) must be used to obtain orders?	2. PRN orders should be written on the Medication Consult Form as well as a prescription. The AFL provider is responsible for obtaining a copy of the prescription order from either the doctor or the pharmacy.
3. How/by what means is information related to PRN med orders communicated with the <ul style="list-style-type: none"> • Supervisor? • Pharmacy? 	3. AFL provider will communicate the PRN order verbally to the supervisor as soon as the medication is ordered. The pharmacy will need the prescription delivered on the same day from either the doctor's office or by hand by the AFL provider. All PRN orders are faxed to Pharmacy within two hours during regular business hours.
4. On the MAR? When?	4. PRN orders are transcribed onto the MAR by the AFL provider when the supply of medication is present in the home.
5. Where are PRN med orders filed?	5. The AFL PROVIDER will file the original or copy of the order in the Medical Record Book that is maintained in the home. A copy is also filed in the consumer chart.
6. Who is responsible for filling the med order(s)?	6. The AFL provider.
7. For what is the doctor responsible?	7. The doctor is responsible for assessing the information available and examining the individual, s/he may recommend a treatment plan and/or prescribe medication(s). Specific information must be obtained from the doctor so that the prescribed treatment plan can be implemented or the medication can be obtained from the pharmacy and given safely. The AFL provider is responsible for completing all forms, before leaving the office of the doctor.
	If an individual attends a doctor appointment accompanied by a family member/advocate, the expectations for completion of all paperwork is the same.

<p>8. Is there any additional documentation required</p>	<p>8. Document on the MAR unless it is a controlled (schedule II) substance. At that time the AFL provider will need to fill out and use a Controlled Medication Record (see example on next page).</p>
<p>9. How will medication be stored?</p>	<p>9. Medication will be locked in a medication storage cabinet in the Nurses office. Controlled medications will be double locked. PRNs should be kept separate from other medications.</p>
<p>Frequently Asked Questions</p>	
<p>1. How do I know when to give a prescribed PRN?</p>	<p>1. Before you and the client leave the doctor's office, clarify and get in writing (Medical Consult Form) under what circumstances this PRN is to be given.</p>

4. Procedure for Medication Discontinuance:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
1. Who obtains/receives the discontinue (d/c) order?	1. The D/C order is obtained by the person accompanying the individual to the doctor.
2. Is there a specific form that must be used to obtain a d/c order? 3. Who documents the d/c on the MAR? 4. What is the procedure/timeline for informing the: <ul style="list-style-type: none"> • Supervisor? • Pharmacy? 5. Where is the d/c order filed? 6. When and by whom is the med removed from the med storage area	2. The D/C order is obtained in writing from the physician. It will be written or computer generated onto a prescription form. Any D/C orders need to be also written on the medical consult form. 3. D/C orders are documented on the MAR by the AFL provider. To indicate the day and time that the medication was discontinued, the AFL provider should draw a line from the date and time of d/c and highlight it in yellow on the MAR. 4. D/C orders are communicated to your supervisor by phone and a copy of the order and Medical Consult Form. D/C orders are faxed to Pharmacy within two hours of the discontinuance during regular business hours. 5. The AFL provider will file the original or copy of the order in the Medical Record Book that is maintained in the home. A copy is also filed in the consumer chart. 6. The AFL provider will remove the D/C'd medication from the medication storage cabinet after documenting the D/C order on the MAR.
Frequently Asked Questions	
1. What do I do with the medication once it has been discontinued?	1. Put the D/C'd medication bottles in a baggie. Write the client's name and the date stopped on the baggie. The medication must be stored in a locked container separate from the other medications. Return to the pharmacy for disposal.
2. What if the doctor only stops one of the times that the medication is given (now it says give at 7am only when it originally said give twice a day)?	2. You need to inform your supervisor. DO NOT WRITE ON THE MEDICATION BOTTLE. Take the bottle and a copy of the prescription to the pharmacy in order to have them change the label. Complete the MAR as usual.

CONTROLLED MEDICATION Medication Disposal Log **Non-Controlled Medication** error BD 5/15/15

Medication Disposal for [REDACTED] (location/operation)

DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below	DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below
5/15/15	[REDACTED] Azithromycin 7.5 mg qd	27	2	BD					

Staff Signature/Title/Initials:
[REDACTED] AFL [Signature]

1. MEDICATION WAS DISCONTINUED 2. MEDICATION WAS DISCONTINUED 3. CONSUMER DECEASED 4. CONSUMER MOVED/NO LONGER HERE
5. DOSAGE CHANGED BY PHYSICIAN 6. OVERSTOCK 7. OTHER, PLEASE LIST:

NOTE: All above listed medications were discarded per CANC policy utilizing the Staples Mail System for Pharmacy Waste as its vehicle for medication disposal and removal. Witness required if wasting controlled medications. Controlled/Non-controlled must be maintained on separate sheet.

9. Procedure for Medication Storage and Key Policy:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> Where is key or access combination kept for the medication storage area? For refrigerated drugs? 	<ol style="list-style-type: none"> The key to the medication storage area is to be maintained on the person that is assigned to administer medications for any given shift or in a secure location in the home.
<ol style="list-style-type: none"> Where are medications stored? How are internals and externals separated? Who is responsible/accountable for medication storage? Key/combination access? What about schedule II prescriptions? 	<ol style="list-style-type: none"> Medications are stored in a lockable cabinet or filing cabinet. Medications that are stored in the refrigerator must also be in a locked box or locked bag. Internal and external medications are separated by any physical barrier such as a divider, separate tray or in tight quarters a plastic food storage bag. This may vary by service site. The AFL PROVIDER staff is responsible for medication storage. Schedule II medications should be stored under two locks at all times.
<p>Frequently Asked Questions</p> <ol style="list-style-type: none"> How do I know if my prescription is a controlled substance (schedule II)? 	<ol style="list-style-type: none"> Controlled substances (schedule II) are medications that have a high incident of addiction/abuse. Usually doctors will hand the written prescriptions to you as the AFL but the other way to tell is if you have to show an identification to pick it up

10. Procedure for Medication Disposal – Expired, Discontinued, Refused:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Answer the following questions as they pertain to expired, discontinued, and refused medications:</p> <ol style="list-style-type: none"> 1. At what point is the QP/PM made aware of the need to dispose of a medication? 2. How does the AFL provider dispose of a discontinued medication? 3. Where is the disposal documented? 	<ol style="list-style-type: none"> 1. The QP/PM must be made aware of medication in need of destruction as it occurs 2. At the time a medication is in need of disposal the AFL provider will move the medication from the individual's active medication to another location that is still under lock and key. <p>The AFL PROVIDER will transport the medication for destruction to pharmacy that dispensed it.</p> <p>Individual doses of medication that require disposal should be inserted into an envelope or sandwich bag with the consumer name, drug and dose. This is kept under lock and key but not with the regular medication.</p> <p>Medication is to be returned to the pharmacy to be destroyed.</p> <ol style="list-style-type: none"> 3. Documentation of the disposal is required on the Medication Destruction Form. (see example on the next page)
<p>Frequently Asked Questions</p> <ol style="list-style-type: none"> 1. Is there a different procedure for documenting the destruction of a schedule II controlled substance? 	<ol style="list-style-type: none"> 1. Controlled substances need to be accounted for on the Individual Controlled Substance form. It must be double locked while being transported to the pharmacy.

5. Procedure for Medication Administration – Routine Meds:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. What steps must be followed in administering medications?</p> <p>2. How are Over the Counter medications given?</p>	<p>1. The following procedures for administration of medications are to be followed:</p> <ul style="list-style-type: none"> • Wash hands before preparing and administering medication • Check the MAR for times to give medications. • Locate most recently signed doctor order and make sure that it matches both the medication bottles and the MAR. • Check for drug allergies • Assemble necessary equipment • Follow the six rights: <ul style="list-style-type: none"> ❖ Right Person ❖ Right Medication ❖ Right Dosage ❖ Right Time ❖ Right Route ❖ Right Documentation • Check the medication bottle to the MAR again. • Pour the accurate dose of medication. • Administer medications to the individual with enough water to have them effectively swallow the medicine. • If necessary (client has history of “cheeking” the med), check client’s mouth for medication. • Discard used medicine cups in a waste container • Chart medicine administration by documenting correctly on the medication administration record (MAR) • Clean up and lock. <p>3. The following procedure is to be used. Make sure that the Standing Orders are complete and signed by the doctor within the last year. Write on the back of the form what med you are giving, why it is being given and what the effect of the medication was.</p>

Frequently Asked Questions	
1. What if the medication is a liquid?	1. Use a syringe or a medication cup that is graduated. Place the cup on a flat surface and get down eye level with it to pour. DO NOT use teaspoons or tablespoons as they are not accurate.

6. Procedure for Medication Administration – PRN Meds:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. What steps must be followed in administering medication? What if the medications are from the Standing Orders?</p>	<p>1. The following procedures for administration of medications are to be followed:</p> <ul style="list-style-type: none"> • Wash hands before preparing and administering medication • Locate most recently signed doctor's orders. It will be a copy of the prescription for prescription medications or the Standing Orders form. • Check for drug allergies • Check the expiration date of the Standing Order medications. • For each dose of medication read the pharmacy label three times • Pour the accurate dose of medication • Administer medications to the individual • Discard used medicine cups in a waste container • Chart medicine administration by documenting correctly on the medication administration record (MAR) • Record on the PRN section of the MAR the reason for given the med and later what the outcome of the medication is. • Clean all equipment and medication area
<p>Frequently Asked Questions</p> <p>1. What if the Standing Orders say one medicine and I don't have it but have one that does the same thing?</p>	<p>1. Standing Orders are doctor's orders. If it is not listed on the Standing Orders you cannot give it.</p>

7. Procedure for Medication Refusal:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. What if the client refuses the medication?</p> <p>2. The QP/supervisor must be informed of the refusal. Who calls, when?</p> <p>3. When does the doctor need to be informed? Is every refusal reported or is it left to the nurse's discretion? How the DOCTOR is made aware of your agency's policy?</p> <p>4. Is an incident report to be completed? Who completes the incident report? What is the process for the nurse to receive and review the incident form?</p>	<p>1. If the individual refuses to take medication</p> <ul style="list-style-type: none"> • Explain why the medication should be taken and encourage the individual to participate • If s/he still refuses, do not force him/her to take the medication • Give the client time to think about things. Try again. Medications can be given 1 hour before to 1 hour after medication time. • If it appears that the client will continue to refuse the medications, call your supervisor. • Document the refusal on the MAR. • Follow the instructions given by the supervisor. <p>2. The AFL provider should call the QP/supervisor regarding the refused medication as soon as possible after the administration window closes.</p> <p>3. Notification of the doctor is at the discretion of the QP/supervisor.</p> <p>4. When an individual refuses medication a Medication Error report and an Incident report are to be completed. The AFL provider is to fill out this form. Fax or deliver this form to the QP/supervisor.</p>
<p>Frequently Asked Questions</p>	

8. Procedure for Medication Errors including wrong medications, giving medications outside the 2 hour window and not giving medications:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. When a medication dose is omitted (Not Given), list in order the steps the staff should take... Consider:</p> <ul style="list-style-type: none"> • Is this a planned omission (ordered by the DOCTOR, dose time occurs during the day program) • Is this an error of omission? • Medications given outside the 2 hour window? • Wrong medications given? <p>2. The QP/PM must be informed of the omission/medication error</p> <ul style="list-style-type: none"> • When does the doctor need to be informed? By whom? 	<p>1. If a medication dose is omitted, the QP/supervisor is to be informed of omission (error/unplanned or planned) by person or phone. Documentation of the notification should include the name of the person the omission was reported to. The Medication Error Report and the Incident Report is to be filled out by the AFL provider. AFL provider is to chart the error on the MAR</p> <p>On the front of the MAR:</p> <ol style="list-style-type: none"> 1) Locate the medication error on the front of the MAR 2) Circle block that the initial should have gone in. <p>On the back of the MAR (This may vary based on the design of the MAR being utilized:</p> <ul style="list-style-type: none"> • Under the proper column, enter the date and hour you are charting the omission. Enter your initials. • Under the medication column, enter the names of all medication and dose of the omission. • Under the reason column, enter the reason for the ordered omission or the omission error. • Under the result column, indicate instructions you were given to follow and who you informed. <p>2. The QP/supervisor must be informed of a medication omission immediately. Notification of the doctor is at the discretion of the QP/supervisor.</p>
Frequently Asked Questions	



Community Alternatives - North Carolina
Medication Error Report

Name: [Redacted]

Record #: [Redacted]

Report Date: 5/1/15

Medicaid #: [Redacted]

Medication(s) involved: Adderall 7.5 mg qd

Date/Time/Place of error:

5/1/15 9am - [Redacted] medication.
Home

What happened? Describe circumstances and symptoms noted following the error:
[Redacted] refused medication. He took it at 9 AM.

Person Reporting Variance: [Redacted]

Medical Intervention/Plan of Correction: QP contacted doctor.
Medication given.

Physician Comments: Give medications

Notification

	Date/Time Contacted
Physician	5/1/15 9:10A
Pharmacy	
Qualified Person	5/1/15 8:45A
Administrator	
D.O.N./Nurse	
Case Management	
Guardian	5/1/15 10:00A

Person Completing Report: _____

CONTROLLED MEDICATION

Medication Disposal Log

~~Non-Controlled Medication~~ ^{Ex 100 BD 5/15/15}

Medication Disposal for [REDACTED] (location/operation)

DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below	DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below
5/15/15	[REDACTED] Asth 7.5 mg BD	27	2	BD					

Staff Signature/Title/Initials:
[REDACTED]

KEY—REASON FOR RETURN: 1. CONSUMER NOT ON THIS MEDICATION 2. MEDICATION WAS DISCONTINUED 3. CONSUMER DECEASED 4. CONSUMER MOVED/NO LONGER HERE
5. DOSAGE CHANGED BY PHYSICIAN 6. OVERSTOCK 7. OTHER, PLEASE LIST:

NOTE: All above listed medications were discarded per CANG policy utilizing the Staples Mail System for Pharmacy Waste as its vehicle for medication disposal and removal. Witness required if wasting controlled medications. Controlled/Non-controlled must be maintained on separate sheet.

11. Procedure for Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Controlled drugs/Schedule II drugs must be reordered minimally every 30 days.</p> <ol style="list-style-type: none"> 1. How are new/reordered med orders obtained? 2. Who is responsible for obtaining these orders? 3. Where are the orders filed? 4. Who picks up the medications? 	<ol style="list-style-type: none"> 1. New/Reordered Controlled drugs are obtained by the same methods as outlined in the Procedure for obtaining New Medication Orders/Procedure for Obtaining Renewal Medication Orders. 2. These orders can be obtained by the AFL provider or family that is accompanying individuals to their appointments. 3. Controlled Medication orders require that the original go to the pharmacy that dispenses the medication. Copies must be filed in the MAR book and in the office. 4. The AFL provider picks up the medications. Medications must be transported behind two locks, either in a locked glove box inside the locked car or in a lock box inside the trunk if the car has one.
<p>Frequently Asked Questions</p>	

12. Procedure for Storage of Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Controlled drugs must be stored under a double lock system.</p> <p>1. How does your agency require controlled drugs to be stored?</p>	<p>1. All controlled medication is to be stored under a double lock. If more than one individual's medication is stored in the box, each person's medications will be separated from one another by individual quart or gallon size food storage bags labeled with the individuals name and stored together with the lock box.</p>
<p>Frequently Asked Questions</p>	

13. Procedure for Administration and Documentation of Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Consider whether the controlled med is being given as a routine med or as a PRN.</p>	
<ol style="list-style-type: none"> 1. How are routine medications that are schedule II controlled drug administered? 2. If a PRN, how is authorization for administration obtained by the staff? 	<ol style="list-style-type: none"> 1. Controlled medications that are administered as routine medication are to be administered in the same manner as non controlled medications with one exception. Administration of these medications must be documented in one additional location, on the Controlled-Medication Record. This form is utilized to inventory the drug on hand after each dose is administered. The form stays with the medication supply until the point when the supply is exhausted. The record then is inserted into the consumer record book. 2. Authorization for the administration of PRN controlled medication is given as outlined by the doctor during initial appointment where PRN medication was prescribed
<p>Frequently Asked Questions</p>	

14. Procedure for Disposal of Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Consider if the disposal is indicated because of expiration, contamination, discontinuance, etc.</p> <p>Only the pharmacy may dispose of more than a single dose of a controlled medication.</p> <ol style="list-style-type: none"> 1. How is the pharmacy informed of the need for disposal? 2. Is there a time frame in which the pharmacy must dispose of the med? 3. What happens to the documentation sheet? 4. Is the medication returned to the pharmacy? 	<ol style="list-style-type: none"> 1. The pharmacy is informed of control medications needing to be destroyed by the AFL provider. 2. AFL provider must remove the medications as soon as it is possible after the medication is discontinued. 72 hours is reasonable. 3. The controlled count sheets are kept with the MARs that were generated for the month the disposal/destruction took place. They are turned in to your supervisor at least one time a month. 4. Controlled drugs for disposal are to be returned to the pharmacy.
<p>Frequently Asked Questions</p>	

16. Procedure for reporting emergency situations:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> 1. Define emergency. 2. Call 911 first! 3. Who must be notified of an emergency? The QP/PM must be notified. 4. How are they notified? 5. What is paperwork is required? 6. If the individual is transported to the hospital, who accompanies the individual? 7. What information must be taken to the hospital? 8. How and by whom is the doctor informed? 9. Where is documentation of guardianship/advanced directives kept? 	<ol style="list-style-type: none"> 1. An emergency is any situation that puts an individual's health and safety at risk where first aid or other routine interventions do not or are not likely to bring it under control. 2. 911 is called immediately. 3. QP/supervisor is to be notified immediately. A voice message should be left for those that are not reached in person. 4. Notifications should be completed within two hours of EMS staff assuming responsibility for an emergent situation. Supervisor will inform you of who else needs to be notified. 5. An incident report is required when a medical emergency occurs. AFL providers need to complete the entire first part of the CANC Incident Report. The supervisor will advise AFL providers of any additional paperwork. The incident reports are faxed/delivered to the office on the following business day. 6. The staff member providing support for the individual or the QP will accompany the consumer to the hospital. 7. The Emergency information packet is taken to the hospital to provide client info to the record fact sheet, insurance information, consents to treat, current diagnoses, and current physician orders. 8. The doctor is notified by the AFL provider or QP/supervisor. The contact may be by phone or fax. 9. Guardianship and advanced directives, if required are kept at the front of the individual's record.
<p>Frequently Asked Questions</p> <ol style="list-style-type: none"> 1. What is a DNR and how do I handle it? 	<ol style="list-style-type: none"> 1. DNR stands for Do Not Resuscitate. Call your supervisor as soon as your client receives one. EMS will only follow a DNR if you present them with an original, yellow copy.



Community Alternatives North Carolina Incident and Medication Variance Report

Site Name: _____ Residential Non-Residential License #: _____

Consumer: _____ Record #: _____ Medicaid #: _____

DOB: _____ Gender: Female Male Diagnosis: _____

Home LME: _____ Home County: _____

Date of Incident: _____ Time: _____ am pm Day: S M T W Th F S

Location of Incident: _____

Staff Reporting: _____ Position Title: _____

*Others Present: _____

* For staff, use name; For another consumer, use initials

Type of Incident: Was 911 Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consumer Injury <input type="checkbox"/> Trip/fall/bump <input type="checkbox"/> Aggression <input type="checkbox"/> Self injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Unknown Injury	<input type="checkbox"/> Dangerous Behavior <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Theft Vandalism <input type="checkbox"/> Property Destruction <input type="checkbox"/> Inappropriate Sexual Behavior	<input type="checkbox"/> Abuse Allegation <input type="checkbox"/> Alleged abuse <input type="checkbox"/> Alleged neglect <input type="checkbox"/> Alleged exploitation
	Level of Incident: (NC IRIS) <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Medication Error <input type="checkbox"/> Wrong dose <input type="checkbox"/> Wrong medication <input type="checkbox"/> Wrong time <input type="checkbox"/> Missed dosage <input type="checkbox"/> Wrong Person	<input type="checkbox"/> Other Incident <input type="checkbox"/> Death <input type="checkbox"/> Suicide <input type="checkbox"/> Expulsion from Services <input type="checkbox"/> Illness/Medical Emergency <input type="checkbox"/> Other (specify)

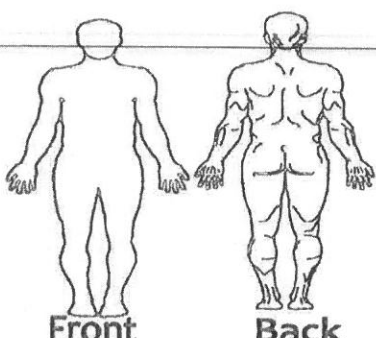
Medication: Name, Dose, Time

Name/Title of First Staff Person to learn of incident: _____

Treated by Licensed Health Care Professional? Yes No

Was the person hospitalized? Yes No

Describe the Incident: Include Who, What, Where, When and How. Describe in detail the location and description of the injury. Include initials of all other consumers and names of staff that are involved or witnessed incident. If a restrictive intervention was used, please specify less intrusive measures attempted. Attach additional sheets if needed. For medication errors include how error was discovered and how it occurred, if known.

	Mark Injury Below  Front Back

Name: _____

Medicaid #: _____

Record #: _____

Incident Date: _____

Immediate action taken: Describe actions taken to remedy problem, first aid given, etc.

Signature/Title of Staff Completing Report _____

Date/Time _____

PERSONS NOTIFIED:

TITLE	NAME	DATE/TIME	CONTACTED BY
Residential Manager			
QIDP			
Program Manager			
Executive Director			
Nurse			
Behaviorist			
Family/Guardian			
Emergency Personnel/Police			
ResCare Critical Incident Reporting			
Physician or Pharmacist (Med Errors, if applicable)			
Comments:			
IRIS Report			

ADMINISTRATIVE REVIEW (attach additional pages if necessary)

Home Supervisor Comments, If applicable (sign and date): _____

Clinical Supervisor Comments, If applicable (sign and date): _____

Nurse Comments, If applicable (sign and date): _____

Behaviorist Comments, If applicable (sign and date): _____

Safety Committee Comments/Recommendations: _____

Safety Committee Representative (sign and date): _____



Community Alternatives – North Carolina
Injury of Unknown Origin Inquiry

If during the course of the inquiry it appears that the injury resulted from abuse or neglect, or other issues that may require formal investigation are revealed report findings immediately to supervisor. A formal investigation should be initiated.

1. Consumer Name: _____

2. Date and Time Injury was Discovered: _____

3. Name/Title of Person(s) Conducting Inquiry:

4. Name/Title of Staff Interviewed:

5. What conclusions, if any were determined from this inquiry?

Investigator Signature/Title/Date

Investigator Signature/Title/Date

CONTROLLED MEDICATION

Medication Disposal Log

Non-Controlled Medication

Medication Disposal for _____ (location/operation)

DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) <i>Sign Below</i>	DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) <i>Sign Below</i>

Staff Signature/Title/Initials: _____

KEY—REASON FOR RETURN: 1. CONSUMER NOT ON THIS MEDICATION 2. MEDICATION WAS DISCONTINUED 3. CONSUMER DECEASED 4. CONSUMER MOVED/NO LONGER HERE
5. DOSAGE CHANGED BY PHYSICIAN 6. OVERSTOCK 7. OTHER, PLEASE LIST:

NOTE: All above listed medications were discarded per CANC policy utilizing the Staples Mail System for Pharmacy Waste as its vehicle for medication disposal and removal. Witness required if wasting controlled medications. Controlled/Non-controlled must be maintained on separate sheet.

17. Procedure for reporting non-emergency situations:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> 1. Define non-emergency. 2. Who must be notified? 3. What is the timeframe for notifying the appropriate people? 4. What documentation is required? 5. Who is responsible for documentation? 6. What are the criteria for notifying the doctor? Who notifies the doctor? 	<ol style="list-style-type: none"> 1. Those physical or behavioral changes that must be reported but are not an immediate threat to the life or safety of the individual. 2. Notify the QP/supervisor by telephone. Contact as soon as possible for guidance. 3. The notification should occur immediately or within an hour if the staff is otherwise occupied so that recommendations for how to proceed can be obtained. 4. Document in the progress notes or on an incident report form. Your supervisor can advise as to which one. 5. The staff member observing the physical or behavioral change is responsible for documentation. 6. The notification for informing the doctor is at the discretion of the QP/PM.
<p>Frequently Asked Questions</p>	

18. Procedure for communicating with the doctor:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> 1. Who is responsible for communicating with the doctor? 2. How/where is communication with the DOCTOR documented? 3. How is information communicated to the doctor at the time of a routine appointment? 	<ol style="list-style-type: none"> 1. Any AFL provider may contact the doctor. For any emergencies call 911. 2. Information from the doctor must be communicated verbally to the supervisor. AFL provider must ask for written orders to any changes in treatment. 3. Communication with the physician at the time of a routine appointment is facilitated via the Medical Consultation Form. If additional space is needed the information can be communicated on the back of the medical consultation record. A copy is maintained in the individual's record.
<p>Frequently Asked Questions</p> <ol style="list-style-type: none"> 1. What if the doctor gives me a verbal order to start/stop or change a medication? 	<ol style="list-style-type: none"> 1. Verbal orders cannot be taken by AFL providers. If the doctor has ordered to withhold a medication, follow the doctor's orders but inform them that you will need this in written form ASAP.

Name: _____ Date _____ Score _____

Test for Take Home Medication Management


(Must pass with a 80%) Each question is worth 1 point


1. **T or F** As a staff, you can decide when medications are to be given?
2. **T or F** As a staff, it is your responsibility to get clarification from the PCP in regards to all prescribed medications before leaving their office?
3. **T or F** As a staff, it is your responsibility to call your QP as soon as a medical appointment occurs to let them know of any changes, adjustments or feedback obtained from the PCP?
4. **T or F** As a staff, it is your responsibility to spot check your MAR vs. the current prescriptions for the person you support vs. what is being given for accuracy?
5. **T or F** As a staff, it is your responsibility to make sure all psychotropic medications are double locked?
6. **T or F** If you go to a pharmacy and they do not have the medications to fill a current medication order, it is ok to **not** contact your QP and the prescribing physician immediately?
7. **T or F** As a staff, it is your responsibility to attend annual medication management training provided by your provider and pass with a 80% minimum?
8. **T or F** As a staff, it is ok to store old medications in your home once they are discontinued, just in case they are prescribed at a later date?
9. **T or F** As a staff, it is your responsibility to document every medication that is given or medication that is not given on the MAR?
10. **T or F** As a staff you can give the doctor feedback, information in regards to how the consumer is doing on current medications?

INSERVICE/TRAINING SIGNATURE SHEET

TITLE OF TRAINING: Qualified Professional Meeting

DATE: 09/10/2024 LOCATION: Asheville region DURATION: 4.5

SIGNATURE OF FACILITATOR: 

PRINTED NAME AND TITLE OF FACILITATOR: 

BRIEF DESCRIPTION OF TRAINING: Informative discussion on TCM and associated services. Medication review with registered nurse. Client file checklist. Contracts. Intake process.

