

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-137</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/01/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A CARING HAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>616 ATLANTIC AVENUE ROCKY MOUNT, NC 27801</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 10/1/24. The complaint was unsubstantiated (intake #NC00221064). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician for 2 of 3 audited clients (client #1 and FC#6). The findings are:</p> <p>A. Review on 9/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/10/17</li> <li>- diagnoses: Schizoaffective, Diabetes Hyperlipidemia and Mild Intellectual Developmental Disorder</li> <li>- a FL2 dated 3/7/24: Divalproex 500mg (milligrams) twice a day (Bipolar)</li> <li>- a physician's order dated 8/6/24: Metformin 1,000mg twice a day (Diabetes)</li> </ul> <p>Review on 9/30/24 of client #1's September 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Divalproex and Metformin were documented to be given at 7am and 8pm</li> <li>- no staff initials documented as administered at 8pm the entire month for Divalproex and Metformin</li> </ul> <p>B. Review on 9/30/24 of FC#6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/1/16 and discharged 8/16/24</li> </ul>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- diagnoses: Paranoid Schizophrenia, Diabetes and Hypertension</li> <li>- a FL2 dated 2/14/24 with the following medications: <ul style="list-style-type: none"> <li>- Lisinopril 20-25mg daily (blood pressure)</li> <li>- Aspirin 81mg daily</li> <li>- Jardiance 25mg everyday (diabetes)</li> <li>- Pravastatin 20mg everyday (cholesterol)</li> <li>- Metformin 1000mg twice day (diabetes)</li> <li>- Gabapentin 300mg twice a day (seizure)</li> </ul> </li> </ul> <p>Review on 9/30/24 of FC#6's July 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- no staff initials documented as administered for the above medications from 7/27/24 - 7/31/24</li> </ul> <p>During interview on 9/30/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- he was not physically at the facility in July 2024 due to a personal matter</li> <li>- he and Licensee both reviewed MARs.</li> </ul>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#1) drug regimen was completed every 6 months. The findings are:</p> <p>Review on 9/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/10/17</li> <li>- diagnoses: Schizoaffective, Diabetes Hyperlipidemia and Mild Intellectual Developmental Disorder</li> <li>- last drug regimen review was 1/1/24</li> <li>- review of a FL2 dated 3/14/23 with the following medications: <ul style="list-style-type: none"> <li>- Aripiprazole 5mg everyday (Schizoaffective Disorder)</li> <li>- Divalproex 500mg twice a day (Bipolar)</li> </ul> </li> </ul> <p>During interview on 9/30/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- no reason the drug regimen review was not completed</li> <li>- he contacted the pharmacist &amp; drug regimen reviews will be completed on 10/18/24</li> </ul>	V 121		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other qualified professionals (QP) for 2 of 3 audited clients (#1 and FC#6). The findings are:</p> <p>A. Review on 9/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/10/17</li> <li>- diagnoses: Schizoaffective, Diabetes Hyperlipidemia and Mild Intellectual Developmental Disorder</li> <li>- a FL2 dated 3/14/23 check blood sugar daily</li> </ul>	V 291		

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V 291	<p>Continued From page 5</p> <p>Review on 9/30/24 of client #1's July 2024 - September 2024 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>- blood sugar checked four times a day</li> </ul> <p>B. Review on 9/30/24 of FC#6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/1/16 and discharged 8/16/24</li> <li>- diagnoses: Paranoid Schizophrenia, Diabetes and Hypertension</li> <li>- a FL2 dated 2/7/23: check blood sugar twice a day</li> </ul> <p>Review on 9/30/24 of FC#6's July 2024 - August 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- blood sugar checked four times a day</li> </ul> <p>During interview on 9/30/24 the QP reported:</p> <ul style="list-style-type: none"> <li>- he was not sure why staff checked the clients' blood sugar four times a day</li> <li>- he and the Licensee was responsible for the review of the MARs</li> </ul>	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 clean, attractive and orderly manner. The findings are:</p> <p>Observation on 9/30/24 at 12:12pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- client #4's bedroom had 2 pieces of wood</li> </ul>	V 736		

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V 736	<p>Continued From page 6</p> <p>that covered the exit door window</p> <ul style="list-style-type: none"> <li>- screen pulled from the exit door in the laundry room</li> <li>- the basement entrance blocked with broom, mop, and other miscellaneous items</li> <li>- hallway bathroom toilet seat on floor near the commode</li> <li>- upstairs bathroom sink did not drain</li> </ul> <p>During interview on 9/30/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- was in the process of repairs being made to the facility</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to keep water temperatures maintained between 100 - 116 degrees Fahrenheit. The findings are:</p> <p>Observation 9/30/24 at 12:12pm of the facility's water temperature revealed:</p>	V 752		

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V 752	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- the kitchen's sink temperature was 90 degrees Fahrenheit</li> </ul> <p>During interview on 9/30/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- will have someone look into the water temperatures</li> </ul>	V 752		