

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-836</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME AND COMMUNITY SERVICE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 NORMANDY STREET CARY, NC 27511</b>		
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V 000	INITIAL COMMENTS  A complaint and follow up survey was completed on 10/21/24. The complaint was substantiated (intake #NC00221631). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110		

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

TITLE

(X6) DATE

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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 2 paraprofessional staff (#1) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/16/24 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 1/30/14</li> <li>- Job title: Habilitation Technician I</li> </ul> <p>Observation on 10/9/24 at 10:00am revealed a black 4-door car parked in the facility driveway.</p> <p>Observation on 10/9/24 at 10:25am revealed a male walking from a back room of the home.</p> <p>Interview on 10/9/24 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Car in the driveway belonged to staff #1's "friend"</li> <li>- Staff #1's friend was at the facility "about 3 times a week"</li> <li>- When staff #1's friend arrived at the facility, he (staff #1's friend) "goes straight to her (staff #1's) room"</li> <li>- Staff #1's friend used to work at the facility</li> </ul> <p>Interview on 10/9/24 at 10:30am client #2</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>reported:</p> <ul style="list-style-type: none"> <li>- Car in the driveway belonged to staff #1's "friend"</li> <li>- Staff #1's friend was currently at the facility</li> </ul> <p>Interview on 10/9/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Was a live-in staff at the facility</li> <li>- She had a friend at the facility earlier in the day</li> <li>- Her friend sometimes came by on his lunch break from his job</li> <li>- He was here to take her to an appointment</li> <li>- Usually takes clients with them to her appointments</li> <li>- Her friend did not stay overnight, "just visits for an hour or 2"</li> <li>- "Sometimes I need communication with someone besides clients"</li> </ul> <p>Interview on 10/21/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Staff were not allowed to have visitors</li> <li>- "Could have someone drop off food or something but not go inside"</li> <li>- Was not aware staff #1 had a friend visiting with her at the facility</li> </ul> <p>Interview on 10/21/24 the Licensee/Registered Nurse reported:</p> <ul style="list-style-type: none"> <li>- Was not aware that staff #1 had personal visitors at the facility</li> <li>- Staff were not allowed to have personal visitors, per agency policy</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 110			
V 114	27G .0207 Emergency Plans and Supplies	V 114			

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V 114	<p>Continued From page 3</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 10/18/24 of the facility's fire and disaster drill logs from 4/1/24 to 10/18/24 revealed:</p> <ul style="list-style-type: none"> <li>- No documented fire or disaster drills for 2nd quarter of 2024 (April, May, June)</li> </ul> <p>Interview 10/18/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Had been working at the facility since August</li> </ul>	V 114		

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V 114	Continued From page 4  2024 - Completed drills "at least once a month and sometimes twice a month. I do them morning and evening shift" - "There is a book here where we keep all the drills. Drills before August are in that book but I can't find it right now"  Interview on 10/21/24 the Qualified Professional (QP) reported: - Staff was responsible for completing fire and disaster drills - Staff was live-in, so drills were supposed to be done for first and second shifts - Drills should have been done for the facility - Did not always check drills when she was at the facility but would start  Interview on 10/21/24 the Licensee/Registered Nurse reported: - Staff was responsible for fire and disaster drills - Thought drills were happening like they were supposed to be - She or the QP checked drills when at the facility  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114			
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.	V 118			

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V 118	<p>Continued From page 5</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to keep MARs current for 2 of 2 audited current clients and 1 of 1 former clients (FC #3). The findings are:</p> <p>A. Review on 10/16/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admit date: 6/4/20</li> <li>- Diagnoses: Bipolar Disorder, Attention Deficit</li> </ul>	V 118		

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V 118	<p>Continued From page 6</p> <p>Hyperactivity Disorder, Fetishism</p> <ul style="list-style-type: none"> <li>- FL2 dated 3/22/24 for: <ul style="list-style-type: none"> <li>- Cetirizine hcl (hydrochloride) 10 mg (milligrams) take one tablet by mouth daily (allergies)</li> <li>- Montelukast sodium 10 mg take one tablet by mouth daily (allergies)</li> <li>- Metformin hcl 500 mg take one tablet by mouth every morning (weight loss)</li> <li>- Trazadone 50 mg take one tablet by mouth at bedtime (sleep)</li> <li>- Divalproex sodium 500 mg take one tablet by mouth every morning and 2 tablets by mouth at bedtime (bipolar symptoms)</li> <li>- Famotidine 20 mg take one tablet by mouth twice daily (acid reducer)</li> <li>- Hydroxyzine hcl 50 mg take one tablet by mouth twice daily (anxiety)</li> </ul> </li> </ul> <p>Review on 10/16/24 of client #1's September 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- No staff initials on 9/29/24 and 9/30/24 that documented any medication administered to client #1</li> </ul> <p>Interview on 10/9/24 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Knew which medication he was supposed to take and when</li> <li>- Took medication every day</li> <li>- "Never miss taking my meds (medications)"</li> </ul> <p>Interview on 10/18/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Regarding missing initials on client #1's MAR for 9/29/24 and 9/30/24 "probably just missed signing off on it"</li> <li>- "He (client #1) gets his meds"</li> </ul> <p>B. Review on 10/16/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admit date: 11/25/14</li> </ul>	V 118			

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- Diagnoses: Schizophrenia, Hypertension, Hypothyroidism, Tobacco Use, Chest Pain</li> <li>- Physician's order dated 7/19/24 for olanzapine 20 mg take one tablet by mouth at bedtime (schizophrenia)</li> <li>- FL2 dated 3/27/24 for metoprolol succinate 25 mg take 2 tablets by mouth in the morning and 1 tablet by mouth in the evening (chest pain)</li> </ul> <p>Review on 10/16/24 of client #2's September 2024 and October 2024 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Metoprolol succinate was documented to have been given daily at 8am</li> <li>- No evening dose for metoprolol succinate was listed on the September 2024 or October 2024 MARs and no staff initials to document it was administered</li> <li>- No staff initials on 10/13/24, 10/14/24, and 10/15/24 that documented administration for olanzapine</li> </ul> <p>Interview on 10/9/24 client #2 reported:</p> <ul style="list-style-type: none"> <li>- He was getting his medication</li> <li>- He was taking all of them every day</li> </ul> <p>Interview on 10/18/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Missing initials on MAR for 10/13/24-10/15/24 was a documentation error and client #2 received those doses</li> <li>- Client #2 had received the evening dose of metoprolol succinate per written physician's order</li> <li>- Not sure why it was not on the September and October MAR</li> <li>- Pharmacy printed the MARs for the facility</li> </ul> <p>Interview on 10/18/24 the dispensing pharmacist for the facility reported:</p> <ul style="list-style-type: none"> <li>- Printed the MARs according to the physician's order for the facility</li> <li>- Confirmed order for client #2's metoprolol</li> </ul>	V 118		



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V 118	<p>Continued From page 8</p> <p>succinate was correct</p> <ul style="list-style-type: none"> <li>- Not sure why the evening dose was not printing on the MARs and would look in to it</li> </ul> <p>C. Review on 10/19/24 of FC #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admit date: 3/10/23</li> <li>- Discharge date: 10/2/24</li> <li>- Diagnoses: Schizophrenia, Type 2 Diabetes</li> <li>- Physician's order dated 8/14/24 for clonazepam 0.5 mg take one tablet by mouth nightly (anxiety)</li> </ul> <p>Review on 10/16/24 of FC #3's September 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- No staff initials on 9/1/24 and 9/2/24 that documented administration for clonazepam</li> </ul> <p>Interview on 10/18/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- FC #3 received clonazepam on 9/1/24 and 9/2/24</li> <li>- She "just missed" documentation of administration for clonazepam</li> </ul> <p>Interview on 10/21/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Spoke with clients and visited the facility 3 to 4 times each month</li> <li>- Clients reported they always received getting their medications</li> <li>- Client would remind you to administer medications and were "typically compliant" with medication</li> <li>- The Licensee/Registered Nurse (L/RN) reviewed orders and "typically" reviewed the MARs</li> <li>- She and the L/RN also did quarterly record reviews for each client but they had "gotten off schedule with those"</li> </ul>	V 118		

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V 118	Continued From page 9  Interview on 10/21/24 the L/RN reported: - She and the QP checked the MARs when at the facility - Had not noticed issues with MARs not being printed correctly - Did sometimes see missing staff signatures or initials - Spoke with staff about missing initials and let staff know "that was not acceptable"  Due to the failure to accurately document medication administration, it could not be determined if clients received their medication as ordered by the physician.  This deficiency has been cited 4 times since the original cite on 5/16/23 and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  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:  Observation on 10/9/24 at approximately 11:00am revealed the following: - A screen door was lying on its side and leaned against the wall on the front porch - 1st bathroom: - Area above showerhead approximately	V 736		

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V 736	<p>Continued From page 10</p> <p>the size of a basketball that was spackled but not sanded or painted</p> <ul style="list-style-type: none"> <li>- One cabinet door under the sink was missing</li> <li>- 5 inch strip of molding along the floor beside the sink cabinet speckled with a brown and black substance</li> <li>- On the hallway ceiling, area about the size of a softball peeling and hanging down</li> </ul> <p>During interview on 10/9/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Notified the Licensee/Registered Nurse (L/RN) of any repairs or maintenance needed for the facility</li> <li>- Regarding any current repairs or maintenance issues, there was "nothing right now"</li> </ul> <p>During interview on 10/21/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Completed walk throughs for the facility at least monthly</li> <li>- The L/RN was responsible for maintenance and repairs</li> <li>- The L/RN had outside individuals she hired that completed repairs at the facility</li> </ul> <p>During interview on 10/21/24 the L/RN reported:</p> <ul style="list-style-type: none"> <li>- She visited the facility "maybe once a week or once every 2 weeks, depending on what was needed"</li> <li>- Repairs should be reported to her</li> <li>- Was aware that repairs were needed at the facility and she had people there recently working on them</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 2/19/24 and must be corrected within 30 days.</p>	V 736		