

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC- 613 MCIVER STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>613 MCIVER STREET</b> <b>SANFORD, NC 27330</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on November 14, 2024. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 108		

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

TITLE

(X6) DATE

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V 108	Continued From page 1  (i) The governing body shall develop and implement policies and procedures for identifying, 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 interview, the facility failed to ensure one of three audited staff (#1) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are:  Review on 11/13/24 of a personnel record for client #1 revealed: -Date of hire was 2/11/24. -No documentation of CPR and FA training.  Interview on 7/19/24 with staff #1 revealed: -She was aware that staff #1 received CPR and FA training on 9/25/24. -She did not have the updated CPR and FA training in staff #1's personnel record. -She had not received staff #1's current training from the CPR and FA instructor. -The CPR and FA instructor had family issues and did not send staff #1's current training. -She confirmed that staff #1 had no documentation of current training in CPR and FA.	V 108		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review:	V 121		

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V 121	<p>Continued From page 2</p> <p>(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.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews every six months for three of three audited clients (#1, #2, #3) who received psychotropic drugs. The findings are:</p> <p>Review on 11/13/24 of client #1's record revealed: -Admission date of 9/22/21. -Diagnoses of Severe Intellectual Disability; Autism Disorder; Intermittent Explosive Disorder; Mild/Moderate Hearing Loss; Degenerative Myopia Right Eye; Intraventricular Hemorrhage and Bronchopulmonary Dysplasia. -Physician's orders dated: 7/23/24 for Risperidone 4 milligram (mg) tablet (tab) (Schizophrenia, Bipolar) - take 1 tab daily at bedtime. 9/3/24 for Topiramate 50 mg tab (Epilepsy, Migraine Headaches) - take 1 tab twice daily. 6/3/24 for Chlorpromazine 50 mg tab (Schizophrenia, Bipolar) - take 1 tab twice daily and 3 tabs at bedtime. 10/21/24 for Lorazepam 1 mg tab (Anxiety) - take</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>1 tab 4 times daily.</p> <p>-Drug regimen review was completed on 4/24/24.</p> <p>-There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 11/13/24 of Medication Administration Records (MARs) revealed:</p> <p>-November 2024 - Staff documented client #1 was administered the above medications 11/1 thru 11/13.</p> <p>-October 2024 - Staff documented client #1 was administered the above medications for the month.</p> <p>-September 2024 - Staff documented client #1 was administered the above medications for the month.</p> <p>Review on 11/13/24 of client #2's record revealed:</p> <p>-Admission date of 7/7/20.</p> <p>-Diagnoses of Autism; Unspecified Disruptive - Impulse Control and Conduct Disorder; Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.</p> <p>-Physician's order dated 4/16/24:</p> <p>Olanzapine 20 mg tab (Schizophrenia) - take 1 tab every day.</p> <p>Lithium Carbonate 600 mg capsule (cap) (Mood Stabilizer) - take 1 cap twice daily.</p> <p>Lorazepam 0.5 mg tab (Anxiety) - take 1 tab twice daily</p> <p>-Drug regimen reviews was completed on 4/24/24 and 10/16/24.</p> <p>-There was no documentation of a signed drug regimen review completed or signed by a physician or pharmacist within the last six months.</p> <p>Review on 11/13/24 of Medication Administration Records (MARs) revealed:</p> <p>-November 2024 - Staff documented client #2</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>was administered the above medications 11/1 thru 11/13.</p> <p>-October 2024 - Staff documented client #2 was administered the above medications for the month.</p> <p>-September 2024 - Staff documented client #2 was administered the above medications for the month.</p> <p>Review on 11/13/24 of client #3's record revealed:</p> <p>-Admission date of 4/18/22.</p> <p>-Diagnoses of Autism Disorder; Severe Intellectual Developmental Disability.</p> <p>-Physician's order dated 4/16/24: Lurasidone 60 mg tab (Schizophrenia and Bipolar) - take 1 tab every evening. Olanzapine 10 mg tab (Schizophrenia) - take 1 tab at bedtime.</p> <p>-Drug regimen review was completed on 4/24/24.</p> <p>-There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 11/13/24 of Medication Administration Records (MARs) revealed:</p> <p>-November 2024 - Staff documented client #3 was administered the above medications 11/1 thru 11/13.</p> <p>-October 2024 - Staff documented client #3 was administered the above medications for the month.</p> <p>-September 2024 - Staff documented client #3 was administered the above medications for the month.</p> <p>Interview on 11/13/24 with the Qualified Professional revealed:</p> <p>-The drug regimen reviews for all the clients were completed on 4/24/24 by the pharmacist.</p> <p>-A drug regimen review for client #2 was completed on 10/16/24 but it was not signed by</p>	V 121		

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V 121	Continued From page 5  the physician or pharmacist. -She was not aware that the pharmacist had not conducted a six month regimen review. -She confirmed there was no documentation of a drug regimen review completed for clients' #1, #2 and #3 within the last six months.  Interview on 11/14/24 with the local pharmacist revealed: -The pharmacist conducted six month drug regimen reviews. -The drug regimen reviews were not conducted in October 2024. -The facility had been notified to verbally prompt the pharmacist.	V 121		
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 failed to ensure facility grounds were maintained in a clean, safe, and attractive manner. The findings are: Observation on 11/13/24 at 1:00 pm of the Dining area revealed: -There was a, approximately 24", strip of vinyl floor flooring missing.  Observation on 11/13/24 at 1:10 pm of Client #1's Bedroom revealed: -There was a, approximately 8', strip of panel hanging slightly away from the wall.	V 736		

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V 736	<p>Continued From page 6</p> <p>Observation on 11/13/24 at 1:20 pm of Bathroom #1 revealed:</p> <ul style="list-style-type: none"> <li>-There were approximately 12 to 14 black spots in various sizes on the wall above the shower.</li> <li>-There were approximately 2", 4", and 8" white patches of drywall chipped from wall.</li> </ul> <p>Interview 11/14/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-The owner was responsible for reporting maintenance issues to the landlord.</li> <li>-A service request had been reported to the landlord, but the landlord refused to repair property destruction.</li> <li>-The facility used to have a maintenance repairman, but he was terminated two to three months ago.</li> <li>-She acknowledged that the facility failed to ensure facility grounds were maintained in a clean, safe, and attractive manner</li> </ul>	V 736		