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PRINTED: 10/01/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-229	A. BUILDING: _____ B. WING _____	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT HEALTH SERVICES - STEPPING STONE MANO	416 WALNUT STREET WILMINGTON, NC 28401

(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	INITIAL COMMENTS An annual survey was completed on September 16, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults With Substance Abuse Dependency. The facility is licensed for 16 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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 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	V 118		

RECEIVED
NOV 15 2024
DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ABuckhout TITLE QM Director (X6) DATE 11/8/24
(252) 227-2359 ashley.buckhout@easterseals port.com

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V 118	Continued From page 1 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 record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to ensure the MARs were kept current affecting two of three audited clients for medications (#1, #3). The findings are: Finding #1 Review on 9/12/24 and 9/13/24 of client #1's record revealed: -45 year old male. -Admitted on 4/17/24. -Diagnoses of Alcohol Dependence and Bipolar Disorder unspecified. Review on 9/13/24 of client #1's signed physician's orders revealed: Orders dated 6/4/24 -Sertraline Hydrochloride 100 milligram (mg) daily (mood). -Hydroxyzine Pamoate 50mg daily (allergies). Orders dated 7/30/24 -Ability 10 mg daily (mood). -Melatonin 5 mg tablet as needed (sleep). -Multivitamin tablet 1 tablet by mouth daily (Supplement). -Lamotrigine 200 mg every morning, start 1/2	V 118		

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V 118	Continued From page 2 tablet for 1 week and increase to 1 tablet daily (Depression). Review on 9/13/24 of client #1's MARs from 7/1/24 - 9/13/24 revealed: -There was no MAR for month of July 2024 available for review. -Abilify 5 mg was not documented as administered on 7/31/24 - 8/8/24. -Naltrexone Hydrochloride 50 mg was not documented as administered on 8/5/24 - 8/9/24. -Lamotrigine 200 mg was not documented as administered on 8/5/24. Interview on 9/12/24 client #1 stated: -He received his medications as prescribed. Finding #2 Review on 9/13/24 of client #3's record revealed: -33 year old male. -Admitted on 6/24/24. -Diagnoses of Opioid Dependence, Alcohol Dependence, Nicotine Dependence and Major Depressive Disorder. Review on 9/13/24 of client #3's signed physician orders revealed: Order dated 6/26/24 -Hydrochlorothiazide 12.5 mg every morning (Hypertension). -Alodipine Besylate 10 mg every morning (Hypertension). -Quetiapine Fumarate 50 mg at bedtime as needed, increased to daily on 7/19/24 and increased to 100 mg on 8/27/24 (sleep). Order dated 7/11/24 -Buprenorphine/Naloxone 8.2 mg 1/2 tablet twice daily, 7/19/24 increased to 1/2 tablet every morning and 1 tablet every evening (narcotic dependence).	V 118		

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V 118	Continued From page 3 Review on 9/13/24 of client #3's MARs from 7/1/24 - 9/13/24 revealed: -There was no MAR for month of July 2024 available for review. -Buprenorphine/Naloxone 8.2 mg was not documented as administered on 8/8/24 (4pm) and 9/9/24(8am), -Hydrochlorothiazide 12.5 mg and Amlodipine Besylate 10 mg was not documented as administered on 9/9/24. Interview on 9/12/24 client #3 stated: -He received his medications daily. -He knew the medications he took but did not know the names of his medications. -Interview on 9/13/24 with staff #3 stated: -Clients received their medications as ordered. -Medications are given by staff as prescribed by the physician on the signed orders. -There were no medication refusals by clients, everyone take their medications as prescribed by the physician on the signed orders. -The facility sent the July MARs to the "clinic." Interview on 9/12/24 the Qualified Professional stated: -The clients received their medications as ordered. -Level one incident reports were completed by staff for medication refusals and medications that were not available onsite to be administered. Interview on 9/13/24 the Program Supervisor stated: -The MARs for the month of July were not onsite for review for clients #1 and #3. -The MARS were at another location and not available for review.	V 118		

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V 118	Continued From page 4 Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118	July 2024 MAR was unable to be located during the review as the building was being packed in anticipation of moving to a new location. QM Director spoke with clinical director and program supervisor and provided supervision in order to ensure that all MARs are uploaded by the 5th of each month for the month prior into the patient's chart in the EHR. This directive was then shared with staff and discussed during an all staff meeting by 11/8/2024.	11/7/24
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure medications were securely locked for 1 of 3 audited clients (#1). The findings are:	V 120	Program Supervisor discussed with staff the importance of properly documenting medication administration utilizing the MAR. Program Supervisor plans to met with the staff during an all staff meeting by 11/8/2024 in order to review medication administration which includes accurate documentation. QP and/or team lead will be responsible for doing weekly MAR checks to ensure proper documentation and follow up with needed incident reports if necessary.	11/7/24

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V 120	Continued From page 5 Review on 9/12/24 and 9/13/24 of client #1's record revealed: -45 year old male. -Admitted on 4/17/24. -Diagnoses of Alcohol Dependence and Bipolar Disorder unspecified. Observation on 9/12/24 at approximately 3:15pm during the tour of the facility revealed: -Client #1 had two individual blister packs that contained two large orange pills identified as Mucinex on the desk in his bedroom. Interview on 9/12/24 client #1 stated: -He was unsure of what medications he took. -Client #1 was unavailable on 9/13/24 for a follow up interview. Interview on 9/13/24 staff #1 stated: -Medications were administered by staff. -Medications were kept in a locked file cabinet in staff office. -Medications were not allowed in any clients' room. Interview on 9/13/24 staff #3 stated: -Staff administered all medications to the clients. -Medications were locked in a file cabinet in the staff's office and staff only had access to the cabinet. -Medications were not allowed in the clients' bedrooms. Interview on 9/13/24 the Program Supervisor stated: -Medications were not allowed in a client's room. -She was unaware why the medication was in the client's room but, the medications issue would be addressed.	V 120	ESPH Policy 6040.1 *Medication Acquisition, Storage, Dispensing, and Disposal* states "Any medication we administer in any facilities must be packaged and labeled for individual patients and stored separately. Internal and external medications will be stored separately. Non-prescribed drug containers not dispensed by a pharmacist must have the original label with expiration dates visible. Labels on prescription medications must include: the patient's name; doctor's name; dispensed date; administration directions; name, strength, quantity, and expiration date of drug; name and address of pharmacy; and the name of the pharmacist. Medications ordered by a MD to be self-administered will also be secured in the medication cabinet." Patient #1 obtained this over the counter medication at a local store and brought it back unauthorized into the program. Program supervisor has implemented daily room checks in order to ensure that no outside contraband is brought into the program. Program supervisor also provided residents with education on 11/8/24 to make clear that if they are in need of OTC medication the program has standing orders for residents. If the resident believes that the medication needed is not on the OTC order than a request can be made to meet with a medical provider to ensure that patient's needs are met while still following policy for labeling and storage.	11/7/24

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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 record review, observations and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Review on 9/13/24 of the North Carolina Residential Building Code Section 310.2.1 revealed: -"Emergency Egress-Every sleeping room shall have at least one operable window or emergency door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in an area with a minim dimension of 16")." Observation on 9/12/24 between 3:15 pm - 5:00 pm a tour of the facility revealed: Foyer -The wall grate was bent in the middle with a gray substance in between all vents. -The area floor air vent had a dark brown with orange residue on surface area with a gray	V 736	Plan of Protection that was enacted on 9/13/24 is still currently in effect with a current census of 2 residents. It is important to note that Stepping Stone Manor has been operating out of the current location since PORT Human Services acquired East Coast Solutions on February 20, 2011 and renovated the facility in 2012. Stepping Stone Manor has never been cited for Residential Building Code 310.2.1 due to a lack of emergency egress. Nevertheless, it has been and is the intention of Easterseals PORT Health to forfeit licensure for 416 Walnut Street and move the patients to a new location, 1507 Martin Street also in Wilmington. This project has been in the works since May of 2024. Stepping Stone Manor stopped admissions on 7/10/24 in anticipation of a move. Attached is the signed final walkthrough in which the effective date of licensure is listed for 10/17/24 for 1507 Martin Street however ESPH is unable to move the residents until we have the actual license in hand to upload in NCTRACKs. Anticipated move in date is in 2-4 weeks per a recent update received from Donalouise on 10/31/24. "Regarding Easter Seals Stepping Stone Manor, below is a bit more about the application process for your use. When an application is received, the MHLC team will vet to ensure paper components requested to submit with the application are accounted for and current. The application is then processed out to Construction or the Licensure & Training Team. An application for a Initial or Change of Location for a residential facility is then sent to DHSR construction who will send a standard acknowledgment letter to the applicant stating, "You may expect your review in approximately 10-12 weeks. However, if there are areas that require a code interpretation, there could be a delay. Once they have completed their review,	

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V 736	Continued From page 7 substance between all the vents. Living/Dining -The light did not work above the dining table. -There were two light bulbs missing on the light fixture in the living area. -The pool table in the living room had different levels of books stacked under 3 of the 4 legs to support the pool table. Kitchen -The kitchen backdoor was stained with a brownish substance that was approximately 15 inch stains about half way down the door. -The kitchen floor had 4 to 6 circular linear lines on most of it. -There were missing floor tiles between the 2 refrigerators and under the left refrigerator. -The refrigerator next to the backdoor had dead gnats in the bottom surface area of the refrigerator. The freezer area had brown food particles stuck to the bottom surface area. -The grate in the floor beside left refrigerator had a brownish orange substance along with several paint peels approximately 2 inches in diameter peeling from around the baseboard. -There was a mop bucket filled with dark black water. -A small roach crawled from a refrigerator near the sink where food was stored. The seal was broken around the freezer portion of the refrigerator at the opening. -Two dead large roaches were in the bottom of food pantry. First floor bathroom -The shower curtain and rod were down midway in the shower and the curtain draped across the rod. -The urinal had an "out of order" sign taped to it. -There was brownish/orange stains around the back and side of toilet which covered the entire surface of the back and side of the toilet.	V 736	the requirements met letter is sent to the provider, and the application is released back to the Mental Health Licensure & Certification section. (For all other changes or if the facility is a day program, this step is skipped). The application will be sent to the Licensure & Training Team Leader for assignment. After the assignment has been made the Licensure & Training Team consultant will schedule a time to begin the process program review within 5-10 business days. We provide the applicant six months to complete the program review of the application process successfully; however, we are ready to license much sooner. Please understand that the amount of time it takes to process an application for the program review weighs heavily if the licensee is prepared and has all the necessary material completed for the application process. After a successful program review and walk-through, the Licensure & Training Team will inform the contact person the facility is licensed. Next, the Licensure & Training Team will send needed information to DHSR Administrative Staff to enter information into databases and to generate a new or change paper license. <<<Your application is at this step. When this is completed, DHSR administrative staff will email/mail the license to the mailing address provided on the application. Please allow 2-4 weeks for the license to be sent. Thanks so much for your patience. "	

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V 736	Continued From page 8 -There was a pungent odor of urine. -There were broken tiles at the base of the shower. Laundry -The light in the laundry room storage closet was not working. -The lights in basement area were not working. Client Bedrooms -There were drywall partitions used to create separate bedrooms that did not go all the way to the ceiling and had about a 6 inch gap each room had an actual door. The bedrooms did not have a ceiling light source and lamps were used. The hallway had wall battery operated/solar push lights, the ceiling light fixtures did not work. -There was no window in bedroom #4 occupied by client #2. There was a gray substance completely covering the vent of bedroom #4. There was a green sheet cover draped from the ceiling to the top of the partition connected to bedroom #3 and bedroom #4. -There was no window in bedroom #6. -Staff was unable to open or gain access to bedroom #7 due to the door lock. Gray substance from the top of the door frame to the ceiling of bedroom #7. -Bedroom #8 had a fan with no back cover exposing fan blades, a sheet cover draped to the side of the fan that covered the remainder screen area and a wood stick about 2 inches in the window. -There was no window in bedroom #9 occupied by client #3. -The window in bedroom D occupied by client #4 was broken. The bottom window pane had a grapefruit size hole, several cracks, missing pieces and shards of glass. -The partition wall which ran in the middle of the window which blocked egress for bedroom #12 and bedroom #13. There was no other egress for	V 736		

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V 736	Continued From page 9 bedroom #12 and bedroom #13. -There was no window in bedroom #14. -There was no window in bedroom #15 occupied by client #5. Observation on 9/13/24 between 5:25 pm-5:35 pm revealed: -There was no window in bedroom #7. Interview on 9/12/24 client #2 stated: -He had his own bedroom. -His bedroom did not have a window. Interview on 9/12/24 and 9/13/24 client #3 stated: -His bedroom did not have a window. -Clients were assigned their bedroom at admission. -He would prefer a bedroom with a window. -He was in bedroom #7 and it also did not have a window. -He moved out of bedroom #7 because the door would lock by itself and made it hard to open the door. -He used a butter knife to open the door to get out of bedroom #7. -There was "no where" to go if there was a fire, he would "just try to make it downstairs." Attempted Interview on 9/12/24 client #4 declined interview. Interview on 9/12/24 client #5 stated: -His bedroom did not have a window. Interview on 9/12/24 the Program Supervisor stated: -She was aware of the facility was in need of several repairs. Observation on 9/11/24 a request for a Plan of	V 736		

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V 736	Continued From page 10 Protection (POP) revealed the Program Supervisor started to verbally dictate what the POP should say to staff #1. The Program Supervisor stated she would text staff #1 what to write on the POP. Review on 9/13/24 of a POP completed by staff #1 and dated 9/13/24 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? We will move the patients to a room with a window (unbroken) and no egress (no half wall) this will being this evening all, all patients (clients) will be moved prior to lights out tonight, Friday September 13th and the long term plan is to relocate them to a new building as soon as licenses arrive. -Describe your plans to make sure the above happens. Call supervisor once moves have been completed. I, [staff #1], will contact (Program) supervisor." The facility served clients whose primary diagnosis is substance use disorder however the clients also had diagnoses to include Generalized Anxiety Disorder, PTSD and Major Depressive Disorder. The facility used drywall partitions to create separate bedrooms for clients and enclosed each bedroom with a door. The newly constructed bedrooms did not all have windows for emergency egress. Client #2, #3 and #5's interior bedrooms did not have any egress of a window. Client #4's bedroom window was broken with a large grapefruit sized hole, the bottom window pane's glass had several cracks and had shards of glass that could cause significant injury when any attempt to open the window. The facility was not well maintained to include but not limited to multiple areas of stained or grayish covered surfaces, missing or damaged floor times and	V 736		

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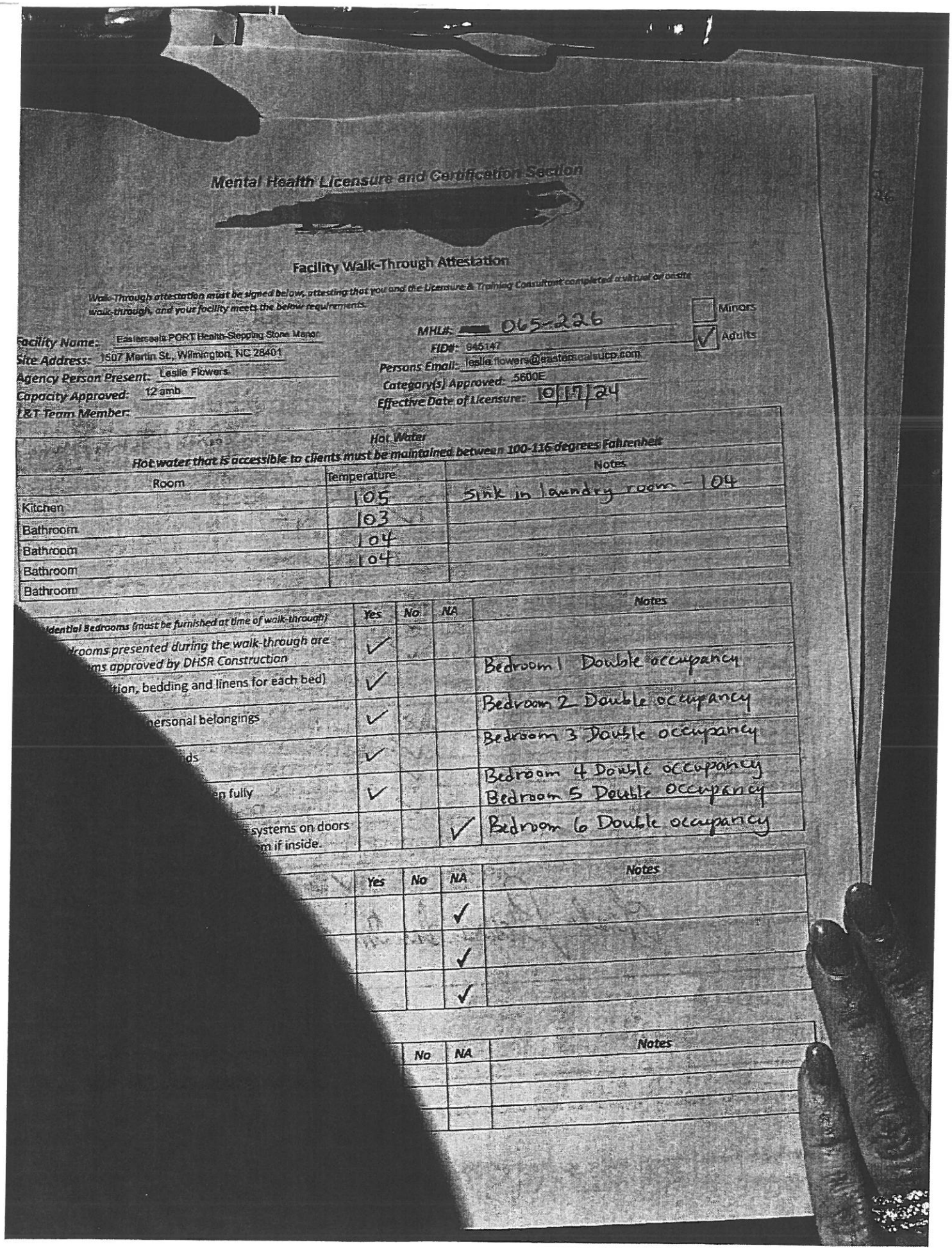
V 736	Continued From page 11 odor. The facility The lack of egress and safety concerns with the broken window created a unsafe environment for client in the event of an emergency need for evacuation. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 736		



Mental Health Licensure and Certification Section

Facility Walk-Through Attestation

Walk-Through attestation must be signed below, attesting that you and the Licensure & Training Consultant completed a virtual or onsite walk-through, and your facility meets the below requirements.

Facility Name: Easterseals PORT Health-Stepping Stone Manor
Site Address: 1507 Martin St., Wilmington, NC 28401
Agency Person Present: Leslie Flowers
Capacity Approved: 12 amb
I&T Team Member:

MHL#: [redacted] 065-226
FID#: 945147
Persons Email: leslie.flowers@easterseals.com
Category(s) Approved: 5600E
Effective Date of Licensure: 10/17/24

☐ Minors
☑ Adults

Hot Water

Hot water that is accessible to clients must be maintained between 100-116 degrees Fahrenheit

Room	Temperature	Notes
Kitchen	105	Sink in laundry room - 104
Bathroom	103	
Bathroom	104	
Bathroom	104	
Bathroom		

dential Bedrooms (must be furnished at time of walk-through)	Yes	No	NA	Notes
rooms presented during the walk-through are ms approved by DHSR Construction	✓			Bedroom 1 Double occupancy
tion, bedding and linens for each bed)	✓			Bedroom 2 Double occupancy
ersonal belongings	✓			Bedroom 3 Double occupancy
ds	✓			Bedroom 4 Double occupancy
n fully	✓			Bedroom 5 Double occupancy
systems on doors m if inside.			✓	Bedroom 6 Double occupancy

	Yes	No	NA	Notes
			✓	
			✓	
			✓	

	No	NA	Notes