

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CARE HEALTH SERVICES 1

**111 RAINEY AVENUE
HILLSBOROUGH, NC 27278**

(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 follow up survey was completed on July 11, 2024. 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 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

RECEIVED

NOV 22 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Samuel Wright Director

TITLE

(X6) DATE

8/30/24

6899

D1XE11

If continuation sheet 1 of 13

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records affecting one of three audited staff (#2). The findings are:</p> <p>Review on 7/10/24 of the personnel record for staff #2 revealed: -Date of hire was 8/23/21. -Hired as a Habilitation Technician, -No educational verification.</p> <p>Interview on 7/10/24 with the Assistant Director revealed: -She was responsible for the personnel records. -They just recently moved to a new office.</p>	V 107	<p>All employee record will be completed with level of education competency, work experience and other qualifications, North Carolina Health care personnel registry, training for the position. Will provide training sessions to cover personnel requirements in detail. Will schedule refreshers every 6 months to keep everyone updated</p>	8/30/24

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V 108	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of three audited staff (#2) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are: Review on 7/10/24 of the personnel record for staff #2 revealed: -Date of hire was 8/23/21. -Hired as a Habilitation Technician. -No documentation of CPR and FA training. Interview on 7/10/24 with staff #1 revealed: -Staff #2 worked at the facility as needed. -Staff #2 worked alone with the clients. -He wasn't sure if staff #2 had a recent CPR and FA training. -The Assistant Director was responsible for "keeping up with their trainings." Interviews on 7/10/24 and 7/11/24 with the Assistant Director revealed: -She was responsible for the personnel records. -Staff #2 had CPR and FA training. -Staff #2 took the CPR and FA training certificate out of her personnel record. -Staff #2 never put the certificate back into the record. -She confirmed staff #2 had no documentation of training in CPR and FA.	V 108	All employees personnel records will be kept in place at the home, CPR, FA training. Will establish a training schedule to ensure all certifications remain current. 8/30/24	
V 114	27G .0207 Emergency Plans and Supplies	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

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MHL068-162

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
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R
07/11/2024

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PROVIDER'S PLAN OF CORRECTION
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(X5)
COMPLETE
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V 114

Continued From page 5

the 4th quarter (October, November, December)
of 2023.

Interview on 7/9/24 with client #1 revealed:

- They did fire drills at the facility with staff.
- They walked outside and to the side of the facility for fire drills.
- They also did disaster drills with staff.
- They went into the hallway for the disaster drills.
- They did fire and disaster drills about every 6 months.

Interview on 7/9/24 with client #2 revealed:

- They did fire drills at the facility with staff.
- They walked out the back door and walked to the side of the facility for fire drills.
- They also did disaster drills.
- They went into the hallway for the disaster drills.
- They had not done fire and disaster drills in about 8 months.

Interview on 7/9/24 with client #3 revealed:

- They did fire drills at the facility with staff.
- They walked outside and stood near the mailbox for fire drills.
- They had not done any disaster drills with staff.

Interview on 7/9/24 with staff #1 revealed:

- Staff in the facility worked 7 days on/7 days off or weekends.
- He just recently conducted a fire drill with the clients.
- He thought other staff were doing disaster drills.
- He had not done any disaster drills.
- He talked with staff about doing fire and disaster drills.
- He wasn't sure why the drills were not done by staff.
- He confirmed failed to conduct fire and disaster drills quarterly on each shift.

V 114

Fire and Disaster drills will
be conducted 24-hour
quarterly on each shift 8/30/24
Will keep records of drills
and trainings in compliance
and future reviews.

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V 118	<p>Continued From page 9</p> <p>2. Review on 7/9/24 of client #2's record revealed: -Admission date of 8/13/21. -Diagnoses of Schizophrenia, Diabetes, Hypertension and Seizure Disorder. -There were no physician's orders for the medications below.</p> <p>Observation on 7/9/24 at approximately 1:05 pm client #2's medication bin revealed: The following medications were available for administration- Metformin HCL 1000 mg (Diabetes) Symbicort 160-4.5 micrograms (mcg) inhaler (Asthma) Vitamin B-12 1000 mcg (Vitamin Deficiency)</p> <p>Review on 7/9/24 of client #3's record revealed: -There were no physician's order for the medication below.</p> <p>Observation on 7/9/24 at approximately 12:30 pm of client #3's medication bin revealed: The following medications were available for administration -Acetaminophen 325 mg (Pain Relief) -Bisacodyl Suppository 10 mg (Constipation)</p> <p>Interview on 7/9/24 with staff #1 revealed: -He thought client #2 had all of his physician's orders in his record. -Client #3 didn't take the Acetaminophen and Suppositories. -He confirmed there were no physician orders for clients #1 and #3.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p>All staff will have a medication class starting 8-1-24 All MARs will be checked with all doctor's orders before installing in MAR Book. All residents will have new doctor orders. Director will check the MAR book at the end of each shift verify that all entries are completed and signed.</p>	8/30/24

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V 119	<p>Continued From page 12</p> <p>Cervical Stenosis, Hypertension, Obesity and Chronic low back pain.</p> <p>-Physician's order dated 8/30/23 for Vitamin D3 1000 IU, one tablet daily.</p> <p>Review on 7/9/24 of MAR's for client #3 revealed:</p> <p>-July 2024-Vitamin D3 1000 IU, Acetaminophen 325 mg and Bisacodyl Suppository 10 mg were not administered.</p> <p>-June 2024-Vitamin D3 1000 IU, Acetaminophen 325 mg and Bisacodyl Suppository 10 mg were not administered</p> <p>-May 2024-Vitamin D3 1000 IU and Bisacodyl Suppository 10 mg were not administered. Acetaminophen 325 mg was administered on 5/11 am and 5/12 pm.</p> <p>Interview on 7/9/24 with staff #1 revealed:</p> <p>-He didn't realize some of the medications expired for clients #1 and #3.</p> <p>-"Whenever I do medications I just pull the medications."</p> <p>-"I don't always pay attention to the dates on the medication label."</p> <p>-He confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p>	V 119	<p><i>All prescription and non-prescription medication will be disposed in a proper manner accordance to the North Carolina controlled substance Act G.S. 90 Articles</i></p>	<p><i>8/30/24</i></p>