STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-092	A. BUILDING: _____ B. WING _____	11/21/2024

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TWINKLE STAR HOME SERVICES 3	212 PINE RIDGE DRIVE ROANOKE RAPIDS, NC 27870

(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 and complaint survey was completed on November 21, 2024. The complaints were unsubstantiated (intake #NC00224430 & NC00224340). 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 5 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	V 118		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on a written order of a physician for 1 of 3 audited clients (#5). The findings are: Review on 11/20/24 of client #5's record revealed: - admitted 8/7/24 - diagnoses: Autism, Disruptive Mood Disorder, Moderate Intellectual Developmental Disorder, Hypertension and Hyperlipidemia - a FL2 dated 1/9/24: - Aripiprazole 5mg (milligrams) everyday (Bipolar) - Atorvastatin 10mg everyday (Cholesterol) - Clonazepam .5mg everyday (Anxiety) Review on 11/20/24 of September 2024, October 2024 and November 2024 MARs for client #5 revealed: - no documentation the above medications were administered the entire months Review on 11/21/24 of an email sent to the Division of Health Service Regulation from the Licensee revealed: - "they were all (above medications)	V 118		

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V 118	Continued From page 2 discontinued during his (client #5) last crisis before he moved in [city facility in]" - "will send (discontinue orders) when I get home..." During interview on 11/21/24 the Qualified Professional reported: - she did not review client #5's medications and MARs - the Licensee reviewed his medications and MARs *Discontinue physician orders were not received by exit of the survey	V 118		
V 121	27G .0209 (F) Medication Requirements 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain a 6 month psychotropic drug	V 121		

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V 121	Continued From page 3 regimen review for 1 of 3 audited clients (#4). The findings are: Review on 11/21/24 of client #4's record revealed: - admitted 9/21/23 - diagnoses: Moderate Intellectual Disorder and Schizoaffective Disorder - a FL2 dated 10/30/23: - Quetiapine 400mg (milligrams) bedtime (psychotropic) - Quetiapine 200mg twice day (psychotropic) - Benztropine 1mg twice day (psychotropic) - no documentation of a psychotropic drug regimen review completed During interview on 11/21/24 the Qualified Professional reported: - she missed the drug regimen review during her September 2024 and October 2024 review - the Licensee was responsible for ensuring the drug regimen review was completed	V 121		
V 291	27G .5603 Supervised Living - Operations 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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing	V 291		

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V 291	Continued From page 4 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. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other qualified professionals who are responsible for the treatment/habilitation for 1 of 3 clients (#3). The findings are: Review on 11/20/24 of client #3's record revealed: - admitted 5/8/24 - diagnoses: Borderline Intellectual Development Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Depressive Disorder - a physician's order dated 11/14/23: Clonidine 1 milligram 1 morning and 2 bedtime (ADHD) Review on 11/20/24 of a pharmacy document in client #3's record revealed: - a signed note from the pharmacist dated 8/26/24: "Dr (doctor) did not send in new Rx (prescription) for Clonidine or d/c (discontinue)	V 291		

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V 291	Continued From page 5 order. Left message with doctor's office to confirm." Review on 11/21/24 of an email sent to the Division of Health Service Regulation from the Licensee revealed: - "...contacted pharmacy about [client #3's initials] Clonidine and was redirected to their psychiatrist. [Nurse Practitioner at psychosocial rehabilitation (PSR) program] said she swabbed (swapped) it with Vistaril. She refused to give paperwork to that effect but want you to call the [PSR] and request to speak her..." Review on 11/20/24 of client #3's September 2024, October 2024 and November 2024 MARs (medication administration record) revealed: - Clonidine was not documented as administered by staff for the entire months of September 2024 - November 20, 2024 - no documentation of Vistaril on the entire months of September 2024 - November 2024 * Two attempted calls on 11/21/24 to the PSR revealed: no answer and the voicemail was full During interview on 11/21/24 the Qualified Professional reported: - the Licensee was informed the NP changed the Clonidine to Vistaril - the NP had not submitted the physician's order for Vistaril to the pharmacy - the NP told the Licensee she was not authorized to prescribe Clonidine - the Licensee will follow up with the NP and the pharmacy	V 291		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	Continued From page 6 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit,	V 367		

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V 367	Continued From page 7 upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1)	V 367		

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V 367	Continued From page 8 through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit level II incident reports to the Local Management Entity/Managed Care Organization within 72 hours. The findings are: Review on 11/19/24 of the Incident Response Improvement System revealed no incident reports for former client (FC#6) Review on 11/20/24 of the local police 911 central communications record revealed: - 6/3/24 - missing person (FC#6) - 8/7/24 - missing person (FC#6) During interview on 11/20/24 the Qualified Professional reported: - was not aware the police was called for FC#6 - aware he walked away without staff's permission but for a short distance - will have staff follow up with her when the police was contacted	V 367		