

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

TITLE

(X6) DATE

STATE FORM

6899

20MB11

If continuation sheet 1 of 9

BSN, RN, CCF

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhi007-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R 11/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY LIVING GUEST HOME #5</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>204 STEWART DRIVE WASHINGTON, NC 27889</b>		
(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement goals and strategies to meet the individual needs of 1 of 3 clients (#5). The findings are:</p> <p>Review on 11/13/24 of client #5's record revealed: - Date of admission: 01/31/17. - Diagnoses of Mild Intellectual Developmental Disability, History of Fetal Alcohol Syndrome, Adjustment Disorder, Attention Deficit Hyperactivity Disorder-Predominant Inattentive Presentation, Unspecified Anxiety Disorder and Acne.</p> <p>Review on 11/13/24 of client #5's Person-Centered Profile (PCP) dated 09/16/24 revealed: - "Where am I now in the process of achieving this outcome? (include progress on goals over the past years, as applicable)...09/16/24...Stressors for [Client #5] include inadequate sleep or disturbances in her sleep patterns, as well as conflicts within the PSR (Psychosocial Rehabilitation) or the household..." - No strategies to address client #5's daily medication refusals.</p> <p>Review on 11/13/24 of client #5's medication orders dated 07/31/24 revealed: - Melatonin (sleep aid) 5 milligrams - take 1 tablet at bedtime.</p>	V 112			

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V 112	Continued From page 2  Review on 11/13/24 of client #5's July 2024 thru November 2024 Medication Administration Records (MAR) revealed: - July 2024 - Melatonin refused everyday 07/01/24 thru 07/31/24. - August 2024 - Melatonin refused everyday 08/01/24 thru 08/31/24. - September 2024 - Melatonin refused everyday 09/01/24 thru 09/30/24. - October 2024 - Melatonin refused 10/01/24 thru 10/03/24, 10/06/24 thru 10/08/24 and 10/11/24 thru 10/31/24. - November 2024 - Melatonin refused 11/01/24 thru 11/12/24.  Interview on 11/13/24 client #5 stated: - Staff offered Melatonin to her every night. - She had refused Melatonin for the past 6 months.  Interview on 11/13/24 staff #1 stated: - She offered client #5 Melatonin at night. - She documented the refusals of Melatonin on client #5's MAR. - She never notified anyone of client #5's medication refusals.  Interview on 11/13/24 the Associate Professional/Registered Nurse stated: - She was unaware client #5 had refused her Melatonin almost daily. - She understood the PCP needed to contain strategies to address client #5's behaviors to include medication compliance. - She would follow up on client #5's PCP.	V 112			
V 123	27G .0209 (H) Medication Requirements	V 123			

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V 123	<p>Continued From page 3</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for one of three audited clients (#5). The findings are:</p> <p>Review on 11/13/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of admission: 01/31/17.</li> <li>- Diagnoses of Mild Intellectual Developmental Disability, History of Fetal Alcohol Syndrome, Adjustment Disorder, Attention Deficit Hyperactivity Disorder-Predominant Inattentive Presentation, Unspecified Anxiety Disorder and Acne.</li> <li>- No documentation a physician or pharmacist had been notified of refusals/errors from 07/24 thru 11/24</li> </ul> <p>Review on 11/13/24 of client #5's medication orders dated 07/31/24 revealed:</p> <ul style="list-style-type: none"> <li>- Melatonin (sleep aid) 5 milligrams - take 1 tablet at bedtime.</li> </ul>	V 123			

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V 123	Continued From page 4  Review on 11/13/24 of client #5's July 2024 thru November 2024 Medication Administration Records (MAR) revealed: - July 2024 - Melatonin refused everyday 07/01/24 thru 07/31/24. - August 2024 - Melatonin refused everyday 08/01/24 thru 08/31/24. - September 2024 - Melatonin refused everyday 09/01/24 thru 09/30/24. - October 2024 - Melatonin refused 10/01/24 thru 10/03/24, 10/06/24 thru 10/08/24 and 10/11/24 thru 10/31/24. - November 2024 - Melatonin refused 11/01/24 thru 11/12/24.  Interview on 11/13/24 client #5 stated: - Staff offered Melatonin to her every night. - She had refused Melatonin for the past 6 months.  Interview on 11/13/24 staff #1 stated: - She offered client #5 Melatonin at night. - She documented the refusals of Melatonin on client #5's MAR. - She never notified anyone of client #5's medication refusals.  Interview on 11/13/24 the Associate Professional/Registered Nurse stated: - She was unaware client #5 had refused her Melatonin almost daily. - She understood medication errors/refusal needed to be reported to a physician or pharmacist immediately.	V 123		
V 366	27G .0603 Incident Response Requirements  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR	V 366		

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V 366	Continued From page 5  CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record;	V 366		



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V 366	Continued From page 6  (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following:	V 366			

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V 366	<p>Continued From page 7</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Review on 11/13/24 of client #5's record revealed: - Date of admission: 01/31/17. - Diagnoses of Mild Intellectual Developmental Disability, History of Fetal Alcohol Syndrome, Adjustment Disorder, Attention Deficit Hyperactivity Disorder-Predominant Inattentive Presentation, Unspecified Anxiety Disorder and Acne. - No incident reports had been generated for client #5's medication refusals from July 2024 thru November 2024.</p> <p>Review on 11/13/24 of client #5's medication orders dated 07/31/24 revealed: - Melatonin (sleep aid) 5 milligrams - take 1 tablet at bedtime.</p> <p>Review on 11/13/24 of client #5's July 2024 thru November 2024 Medication Administration</p>	V 366		



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V 366	<p>Continued From page 8</p> <p>Records (MAR) revealed:</p> <ul style="list-style-type: none"> <li>- July 2024 - Melatonin refused everyday 07/01/24 thru 07/31/24.</li> <li>- August 2024 - Melatonin refused everyday 08/01/24 thru 08/31/24.</li> <li>- September 2024 - Melatonin refused everyday 09/01/24 thru 09/30/24.</li> <li>- October 2024 - Melatonin refused 10/01/24 thru 10/03/24, 10/06/24 thru 10/08/24 and 10/11/24 thru 10/31/24.</li> <li>- November 2024 - Melatonin refused 11/01/24 thru 11/12/24.</li> </ul> <p>Interview on 11/13/24 client #5 stated:</p> <ul style="list-style-type: none"> <li>- Staff offered Melatonin to her every night.</li> <li>- She had refused Melatonin for the past 6 months.</li> </ul> <p>Interview on 11/13/24 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- She offered client #5 Melatonin at night.</li> <li>- She documented the refusals of Melatonin on client #5's MAR.</li> <li>- She never notified anyone of client #5's medication refusals.</li> <li>- She did not complete an incident report for medication refusals</li> </ul> <p>Interview on 11/13/24 the Associate Professional/Registered Nurse stated:</p> <ul style="list-style-type: none"> <li>- She was unaware client #5 had refused her Melatonin almost daily.</li> <li>- She understood medication errors/refusal needed to be documented on an incident report.</li> </ul>	V 366		

**Country Living Guest Home, Inc,**

217 East 9<sup>th</sup> St.

Washington, NC 27889

**Plan of Correction (11/14/24) Country Living Guest Home #5**

ID Prefix Tag	Plan of Correction	Complete Date
V112 Assessment/Treatment/Habilitation Plan	Additional training will be provided to staff in regards to communicating refusals. Trends related to medication compliance will be observed by the Qualified Professional. Compliance with medications and treatment recommendations will be addressed within the PCP. Strategies to reduce incidents of non-compliance will be outlined in the "How To" Section of the PCP.	11/22/24
V123 Medication Requirements	In terms of prevention, the RN/QP and RN/AP will monitor the Medication Administration Record for refusals at least weekly.	11/22/24
	Medication refusals will be reported immediately to a physician or a pharmacist.	
	The report will be the responsibility of the Quality Assurance Supervisor, RN/AP or the RN/QP and will depend upon who is first made aware of the refusal. If a Quality Assurance Supervisor becomes aware of the refusal first, they are to notify the RN/QP.	
	The notification of the physician or pharmacist will be documented in the Incident Report that corresponds to the refusal. Any medication changes or treatment recommendations will be documented by the physician and will be placed in the consumer's file under "Doctor's Orders."	
	The monitoring of medication refusals is a team effort that begins with direct care staff. However, the oversight associated with refusals and medication errors in general, is the responsibility of the Qualified Professional.	11/22/24

<p>V366 Incident Response Requirements</p>	<p>Refusals and non-compliance are monitored on an ongoing basis.</p> <p>All medication refusals will be documented in an incident report based upon the policy and procedures of the agency. The agency will notify a physician or pharmacist of the refusal as well.</p> <p>The Qualified Professional will be responsible for completion of the incident report. The report will include strategies for the prevention of future incidents. Reports will be completed within 72 hours of the refusal or medication error and stored in the main office.</p> <p>All incidents, including medication refusals, are analyzed quarterly by the Qualified Professional for quality purposes. The quarterly reviews are compiled into an annual report in an effort to establish trends.</p>	
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Supervisor Signature: \_\_\_\_\_

*Jeff Bell, BSN, RN, CCRP*

Date: \_\_\_\_\_

*11/22/24*