Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: mhI007-058 B. WING 11/14/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 STEWART DRIVE COUNTRY LIVING GUEST HOME #5 WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 See Attachment An annual and follow up survey was completed on November 14, 2024. Deficiencies was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 112 27G .0205 (C-D) V 112 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement: (2) strategies; (3) staff responsible: (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both: RECEIVED (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the DHSR-MH Licensure Sect provider stating why such consent could not be obtained.

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

STATE FORM

LOSIGNATURE

BSNI RNICOL

(X6) DATE

11/22/24

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If continuation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		mhl007-058			1	R	
NAME OF	PROVIDER OR SUPPLIER				1 11/	14/2024	
		204 CTEM	VART DRIV	/, STATE, ZIP CODE			
COUNTR	RY LIVING GUEST HO	MIE #5	STON, NC				
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V 112	Continued From pa	ge 1	V 112				
	This Rule is not me Based on record reversely facility failed to implement the individual of the findings are:  Review on 11/13/24 - Date of admission: - Diagnoses of Mild Disability, History of Adjustment Disorder Hyperactivity Disorder Hyperactivity Disorder Presentation, Unspeached.  Review on 11/13/24 Person-Centered Prevealed: - "Where am I now in this outcome? (include the past years, as applicable)09/16/2 include inadequate selep patterns, as we (Psychosocial Rehater No strategies to admedication refusals.  Review on 11/13/24 orders dated 07/31/2	et as evidenced by: views and interviews, the ement goals and strategies to needs of 1 of 3 clients (#5).  of client #5's record revealed: 01/31/17. Intellectual Developmental Fetal Alcohol Syndrome, r, Attention Deficit er-Predominant Inattentive ecified Anxiety Disorder and  of client #5's ofile (PCP) dated 09/16/24 on the process of achieving de progress on goals over 4Stressors for [Client #5] sleep or disturbances in her ell as conflicts within the PSR bilitation) or the household" dress client #5's daily					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:		E SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE		
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V 112	Continued From page	ge 2	V 112			
	November 2024 Me Records (MAR) reversible 1 reversible 2024 - Melato 07/01/24 thru 07/31/2 - August 2024 - Melato 08/01/24 thru 08/31/2 - September 2024 - Melato 09/01/24 thru 09/30/2 - October 2024 - Melato 10/03/24, 10/06/24 thru 10/31/24 - November 2024 - Melato 11/12/24.  Interview on 11/13/2 - Staff offered Melato She had refused Melato She had refused Melato She offered client #	nin refused everyday /24. atonin refused everyday /24. Melatonin refused everyday /24. Platonin refused 10/01/24 thru hru 10/08/24 and 10/11/24 Melatonin refused 11/01/24  4 client #5 stated: conin to her every night. Idelatonin for the past 6				
	<ul> <li>She never notified a medication refusals.</li> </ul>	anyone of client #5's				
	Melatonin almost dai - She understood the	red Nurse stated: client #5 had refused her ly. e PCP needed to contain client #5's behaviors to compliance.				
V 123	27G .0209 (H) Medic	ation Requirements	V 123			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING mhl007-058 11/14/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 STEWART DRIVE **COUNTRY LIVING GUEST HOME #5** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 123 | Continued From page 3 V 123 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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. 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: 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 documentation a physician or pharmacist had been notified of refusals/errors from 07/24 thru 11/24 Review on 11/13/24 of client #5's medication orders dated 07/31/24 revealed:

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at bedtime.

- Melatonin (sleep aid) 5 milligrams - take 1 tablet

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TII	PLE CONSTRUCTION	T///01 = +==	
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE		
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V 123	Continued From pa	ge 4	V 123			
	Review on 11/13/24 November 2024 Me Records (MAR) revi- July 2024 - Melato 07/01/24 thru 07/31 - August 2024 - Mel 08/01/24 thru 08/31 - September 2024 - 09/01/24 thru 09/30 - October 2024 - Mel 10/03/24, 10/06/24 thru 10/31/24 - November 2024 - Ithru 11/12/24. Interview on 11/13/2 - Staff offered Melati	of client #5's July 2024 thru dication Administration ealed: nin refused everyday /24. atonin refused everyday /24. Melatonin refused everyday /24. elatonin refused 10/01/24 thru thru 10/08/24 and 10/11/24 Melatonin refused 11/01/24	V 120			
	- She documented the client #5's MAR She never notified a medication refusals.  Interview on 11/13/24 Professional/Registers - She was unaware of Melatonin almost daily	#5 Melatonin at night. The refusals of Melatonin on anyone of client #5's  #4 the Associate ared Nurse stated: Client #5 had refused her				
V 366	needed to be reporte pharmacist immediate	ed to a physician or	V 366			
. 000	10A NCAC 27G .060	3 INCIDENT	v 300			

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by: (1)

by: (A)

164: and (7)

set forth in G.S. 75, Article 2A, 10A NCAC 26B. 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and

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

maintaining documentation regarding

immediately securing the client record

obtaining the client record;

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(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:

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

- (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
- 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 immediately notifying the following:

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follows:

PRINTED: 11/15/2024 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: mhl007-058 B. WING 11/14/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 STEWART DRIVE **COUNTRY LIVING GUEST HOME #5** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 366 | Continued From page 7 V 366 the LME responsible for the catchment area where the services are provided pursuant to Rule .0604: (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. 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

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at bedtime.

Acne.

thru November 2024.

Hyperactivity Disorder-Predominant Inattentive Presentation, Unspecified Anxiety Disorder and

- No incident reports had been generated for client #5's medication refusals from July 2024

Review on 11/13/24 of client #5's medication

- Melatonin (sleep aid) 5 milligrams - take 1 tablet

Review on 11/13/24 of client #5's July 2024 thru November 2024 Medication Administration

orders dated 07/31/24 revealed:

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## 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 noncompliance will be outlined in the "How To" Section of the PCP.	11/22/24
	In terms of prevention, the RN/QP and RN/AP will monitor the Medication Administration Record for refusals at least weekly.	11/22/24
V123 Medication Requirements	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

## V366 Incident Response Requirements

Refusals and non-compliance are monitored on an ongoing basis.

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.

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.

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.

Supervisor Signature: \_\_

Jeffsell, BSN, Ru, OP Date: " | zz/zy