

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RISIN'</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 HAMPTON CHURCH ROAD</b> <b>MURPHY, NC 28906</b>		
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V 000	INITIAL COMMENTS  An annual, complaint, and follow up survey was completed on January 24, 2025. The complaint was unsubstantiated (NC# 00225079). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  The 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 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter	V 111	In order to correct the deficiency, a CCA addendum will be completed for Client #2 and Client #3 for an admission assessment. This will be completed within 30 days.  To prevent this deficiency from occurring again, CCA updates will occur when residents are transferred from one ACS facility to another.  This will be monitored by the Director of IDD Services when resident transfers occur.	3/15/2025

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Victoria Singley*

Director IDD Services

2/13/2025

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Review on 1/15/25 of Client #2's record revealed: -Admission Date: 9/16/24. -Diagnoses: Intellectual Developmental Disability (IDD), Moderate; Major Depressive Disorder (D/O). -No evidence of assessment completed prior to admission.</p> <p>Review on 1/15/25 of Client #3's record revealed: -Admission Date: 9/16/24. -Diagnoses: IDD, Moderate; Major Depressive D/O with mild anxious distress, and Post Traumatic Stress Disorder. -No evidence of assessment completed prior to admission.</p> <p>Interview on 1/14/25 with Client #3 revealed: -Had been at the facility for "months."</p> <p>Interview on 1/23/25 with the Qualified</p>	V 111			

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V 111	Continued From page 2  Professional #2 revealed: -Completed discharge paperwork for clients from a sister facility. -Did not complete an admission assessment.	V 111		
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 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.	V 118	In order to correct the deficiencies, a face- to-face review of the MAR will occur to ensure the MAR is current. An audit of medication orders and MAR will be completed to ensure all current medication orders are appropriately documented on the MAR.  In order to prevent the deficiencies from occurring again, a weekly face-to-face review will be completed by the Director of IDD Services or designee.	2/21/2025

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to keep the MAR current for all drugs administered affecting 3 of 3 audited clients, (#1, #2, and #3). The findings are:</p> <p>Review on 1/15/25 of Client #1's record revealed: -Admission Date: 3/31/17. -Diagnoses: Intellectual Developmental Disability (IDD), Moderate; Unspecified Disruptive, Impulse Control and Conduct D/O; Major Depressive Disorder, and Other specified mental D/O. -Physician order for the following medication: -Otezla 30 milligram (mg) tablet (tab), (dermatology), 1 tab twice a day (BID) ordered, 4/24/24.</p> <p>Review on 1/15/25 of Client #1's MARs dated 11/1/24 to 1/14/25 revealed: -Otezla 30mg tab, 1 tab BID, scheduled at 7:00AM and 8:00PM initialed as administered on 12/5/24. -on the back of the MAR, 12/5/24 "7pm, Otezla ...missed dose." -12/8/24, 8:00PM, blank on the MAR. -12/9/24, 8:00PM staff initialed and circled with no documentation on the back of the MAR.</p> <p>Interview on 1/14/25 with Client #1 revealed: -got his medications every day.</p> <p>Review on 1/15/25 of Client #2's record revealed: -Admission Date: 9/16/24. -Diagnoses: Intellectual Developmental Disability</p>	V 118			

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V 118	<p>Continued From page 4</p> <p>(IDD), Moderate; Major Depressive D/O -Physicians orders for the following medications included: -Loratadine 10 mg, (allergies) tab, 1 tab by mouth (PO), every day (QD) at 7:00AM, ordered 9/19/23. -Risperidone 0.5 mg tab (anti-psychotic), 1 tab PO QD at 7AM, ordered 7/30/24. -Azelastine 0.1% nasal spray, (allergies), 1 spray each nostril BID, ordered 10/9/23. -Sertraline HCL 100 mg tab, (depression), 1 tab PO BID, ordered 7/30/24. -Omeprazole DR 20mg tab, (antacid), 1 tab, 30 minutes prior to meals, ordered 11/24/24.</p> <p>Review on 1/15/25 and 1/23/25 of Client #2's MARs dated 11/1/24 to 1/14/25 revealed: -MAR instructions reflected to circle initials when a medication was refused. -Loratadine 10mg tab, 1 tab QD, scheduled at 7:00AM, 12/26/24-12/28/24 staff initialed and circled the MAR on these dates. -Risperidone 0.5mg tab, 1 tab PO QD scheduled at 7:00AM, 12/26/24-12/28/24 staff initialed and circled the MAR on these dates. -Azelastine 0.1% nasal spray, one spray each nostril, BID, scheduled at 7:00AM and 8:00PM, staff initialed and circled the PM dose of 12/25/24, AM and PM doses on 12/26/24, and the AM doses on 12/27/24 and 12/28/24. -Sertraline HCL 100mg tab, 1 tab PO, BID, scheduled at 7:00AM and 8:00PM, staff initialed and circled the PM dose on 12/25/24, both doses on 12/26/24, and the morning doses on 12/27/24 and 12/28/24. -Omeprazole DR 20mg tab, 1 tab QD, scheduled at 5:00PM, staff initialed and circled 12/25/24 and 12/26/24 doses. -On the back of the MAR it was documented from 12/25/24-12/28/24 "LOA" (leave of absence) for</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>"all meds."</p> <p>Review on 1/15/25 of Client #3's record revealed: -Admission Date: 9/16/24. -Diagnoses: IDD, Moderate; Major Depressive D/O with mild anxious distress, and Post Traumatic Stress Disorder. Physician orders for the following medications: -Zenatane 40mg capsule (cap), (acne), 1 cap QD with a fatty meal, ordered 12/1/24. -Zenatane 40mg cap, 2 caps QD with a fatty meal, ordered starting 12/31/24.</p> <p>Observation on 1/14/25 at 3:30pm of Client #3's medications revealed: -Zenatane 40mg, 2 caps PO QD with a fatty meal, dispensed 1/2/25.</p> <p>Review on 1/14/25 and 1/23/25 of Client #3's MARs dated 11/1/24 to 1/14/25 revealed: -Zenatane 40mg cap, 1 cap QD and initialed by staff as administered from 1/1/25-1/14/25.</p> <p>Interview on 1/14/25 with Client #3 revealed: -staff gave him his medication every day. -took 1 Zenatane capsule every day.</p> <p>Interview on 1/24/25 with Staff #2 revealed; -administered client medications. -"everyone missed" the medication error for Client #3's Zenatane. -attended medication administration training again. -if there is a missed/refused medication staff are supposed to sign it, circle it, and document it on the back the MAR.</p> <p>Interview on 1/24/25 with the Director revealed: -oversaw the medications, medication changes,</p>	V 118		

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V 118	Continued From page 6  and checking medications in to the facilities. -acknowledged that some of the paperwork was "sloppy." -there had been staff turnover at the pharmacy the facility uses. -the Licensee was looking at going back to an electronic MAR system. -staff were sent for re-training on medication administration when there were errors.	V 118		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain water temperature between 100-116 degrees Fahrenheit where clients are exposed to hot water. The findings are:  Observation on 1/14/25 of the facility at 2:30PM revealed: -The water temperature in the downstairs client shower was 125 degrees Fahrenheit.  Interview on 1/14/25 with Client #1 -Did not have problems with the water temperature in his shower.	V 752	In order to correct the deficiency, the hot water temperature was adjusted on January 24, 2025.  In order to prevent the deficiency from occurring again, the Director of IDD Services or designee will complete weekly hot water temperature checks	2/21/2025

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V 752	Continued From page 7  Interview on 1/14/25 with Staff #1 revealed: -Unaware that the water temperature was that high and would contact management to have it turned down. -No complaints regarding the water temperature.  Interviews on 1/16/25 and 1/23/25 with the House Manager revealed: -Responsible for maintenance over the facilities. -He would have someone come and address the water temperature.	V 752			