

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/24/2025
NAME OF PROVIDER OR SUPPLIER THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 48 BRITAIN TRACE ANDREWS, NC 28901		
(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 follow up survey was completed on January 24, 2025. 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 4 and has a current census of 4. 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 referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	In order to correct the deficiency, a CCA addendum will be completed for Client #1, 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

2/14/2025

STATE FORM

6899

771W11

If continuation sheet 1 of 7

Division of Health Service Regulation
STATE FORM

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V 111	Continued From page 2 Interview on 1/22/25 with Client #1 revealed: -Moved to this facility from a sister facility, "a while ago" Interview on 1/22/25 with Client #2 revealed: -Lived at a sister facility before moving here. Interview on 1/22/25 with Client #3 revealed: -"Been here a long time, I love it." -Lived at a sister facility previously and moved due to flooding. Interview on 1/23/25 with the Qualified Professional #2 revealed: -Completed discharge paperwork for clients from the sister facility. -Did not complete an admission assessment for Client #1 prior to her admission to the facility.	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	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>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</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 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 1/23/25 of Client #2's record revealed:</p> <p>-Admission Date: 9/16/24.</p> <p>-Diagnoses: Intellectual Developmental Disability (IDD), Moderate; Unspecified Impulse Control and Conduct Disorder (D/O); Unspecified Bipolar and Related D/O; and Other specified mental D/O.</p> <p>-Physician Orders for the following medications dated 7/23/24 included: Propranolol 20 milligram (mg) tablet (tab) (anxiety/cardiac), 1/2 tab by mouth, (PO) in the morning and afternoon. Hydroxyzine 25 mg, (anxiety) one tab, PO, three times a day (TID) scheduled at 7:00AM, 2:00PM,</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>and 8:00PM daily.</p> <p>Observation on 1/22/25 at 1:00 PM of Client #2's medications revealed: -Propranolol 20mg tab, take ½ tab in the AM and afternoon at 2:00PM, dispensed 12/30/24.</p> <p>Review on 1/23/25 of facility incident reports from 11/1/24 to 1/22/25 revealed: -11/1/24, medication error, "Propranolol 20mg and Hydroxyzine 25mg ...2:00PM ...staff forget to administer medications."</p> <p>Review on 1/22/25 of Client #2's MARs from 11/1/24 to 1/22/25 revealed: -MAR transcription reflected Propranolol 10mg tab, 1 tab PO BID at 7:00AM and once daily at 2:00PM. -11/1/24, Propranolol 20mg initialed as administered on 11/1/24 at 2:00PM. -11/1/24 Hydroxyzine 25 mg, one tab PO TID at 7:00AM, 2:00PM, and 8:00PM daily, initialed as administered on 11/12/24 at 2:00PM.</p> <p>Interview on 1/22/25 with Staff #1 revealed: -Didn't know why the MAR transcription and order for the Propranolol for Client #2 were not the same.</p> <p>Interview on 1/24/25 with the Director revealed: -Responsible for medication oversight. -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.</p>	V 118		

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V 736	Continued From page 5	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility and its grounds were not maintained in an attractive and orderly manner. The findings are:</p> <p>Observation on 1/22/25 at 12:35PM of the facility revealed: -A kitchen cabinet in the lower right corner was missing the cabinet face. -The overhead light in the shared bathroom in the hallway was missing a cover. -The sink faucet in the shared bathroom was dripping. -Client #1's bedroom was missing closet doors.</p> <p>Review on 1/22/25 of the Statement of Deficiencies (SOD) by the Division of Health Service Regulation (DHSR) annual survey dated 4/24/23 revealed: -Cited for facility grounds and maintenance. -"...client bedroom had no closet door." -"...shared bathroom in hallway had no light cover."</p> <p>Interview on 1/22/25 with Client #1 revealed: -had lived at the facility, "for awhile" (approximately 4 months). -The closet never had doors. -The kitchen cabinet had always been like that (missing face).</p>	V 736	<p>In order to correct the deficiencies, the kitchen cabinet missing the cabinet face has been ordered and is scheduled for install 2/19/2025. The overhead light in the bathroom that is missing a cover will be replaced 2/21/2025. The sink faucet in the shared bathroom that was dripping will be repaired 2/21/2025. The missing closet doors will be replaced 2/21/2025. The Director of IDD Services will ensure the above listed corrections are completed.</p> <p>In order to prevent these deficiencies from occurring again in the future, a weekly on site review will occur to identify and address maintenance issues. This will be completed by the Director of IDD Services or designee.</p>	2/21/2025

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V 736	<p>Continued From page 6</p> <p>Interview on 1/22/25 with Client #2 revealed: -The kitchen cabinet door was behind the refrigerator.</p> <p>Interview on 1/22/25 with Staff #1 revealed: -The cabinet face in kitchen had been missing since she started working at this facility last year (2024). -Unaware of any physical plant/facility ground concerns with the facility.</p> <p>Interviews on 1/23/25 and 1/24/25 with the House Manager revealed: -Responsible for maintenance of the facilities. -The facility had some renovations done prior to moving clients back into the facility. -When asked about the citation from 2023 including missing light cover and closet door, "It probably was." -Would follow up to ensure the maintenance was completed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		