

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/19/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE TWIN OAKS

**536 MOOSE BRANCH ROAD
ROBBINSVILLE, NC 28771**

(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 2/19/25. Two complaints were substantiated (Intake #NC00226554 and #NC00225959) and one complaint was unsubstantiated (Intake #NC00226092). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and</p>	V 108	<p>In order to correct the deficiency, the RN will complete a client specific training with all staff including education on Diabetes Mellitus and specific client needs relating to this disorder.</p> <p>In order to prevent recurrence, the RN will complete a client specific training with all staff who are newly hired including education on Diabetes Mellitus and specific client needs relating to this disorder. Furthermore, the RN will complete additional client specific trainings with all staff if there are changes in condition or specific clients needs relating to this disorder.</p> <p>This will be monitored by the Director of IDD services when staff are hired and when specific client needs change.</p>	3/14/2025

Division of Health Service Regulation

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

TITLE

(X6) DATE

Victoria Singley

Director IDD Services

3/7/2025

STATE FORM

6899

QENP11

If continuation sheet 1 of 36

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V 108	<p>Continued From page 1</p> <p>trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure documentation that 3 of 3 audited paraprofessionals (Staff #1, #2, and #3) and 1 of 1 audited Qualified Professionals (QP) were trained to meet client specific needs. The findings are:</p> <p>Review on 1/28/25 of Client #2's record revealed: -Date of admission: 2/14/15. -Diagnoses: Alcohol Use Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder, Traumatic Brain Injury, Type II Diabetes Mellitus.</p> <p>Review on 1/27/25 of Staff #1's record revealed: -Date of hire: 6/10/24. -There was no documentation of training for Type II Diabetes Mellitus and Client #2's specific needs related to this disorder.</p> <p>Review on 1/27/25 of Staff #2's record revealed: -Date of hire: 12/9/24. -There was no documentation of training for Type II Diabetes Mellitus and Client #2's specific needs</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>related to this disorder.</p> <p>Review on 2/4/25 of Staff #3's record revealed: -Date of hire: 11/4/24. -There was no documentation of training for Type II Diabetes Mellitus and Client #2's specific needs related to this disorder.</p> <p>Review on 1/27/25 of the QP's record revealed: -Date of hire: 5/8/23. -There was no documentation of training for Type II Diabetes Mellitus and Client #2's specific needs related to this disorder.</p> <p>Interview on 1/28/25 with Staff #1 revealed: -Received training in cardiopulmonary resuscitation (CPR) and first aid, which "touched on diabetes processes a little bit but wasn't specific about [Client #2] or his diabetes." -Diabetes training was "thrown in at med (medication administration) class..." -Had client specific trainings for all the clients but didn't remember anything specifically taught about Client #2's diabetes. -"Feel like I know what I'm doing. I figured out (on my own) how to implant the [continuous glucose monitor #1] sensor on his stomach...using the little tool to attach the sensor with the little needles into his skin."</p> <p>Interview on 2/4/25 with the QP revealed: -Responsible for teaching client specific trainings to staff. "Go over PCP (person centered plan), PBSP (positive behavior support plan), diagnoses, psych (psychiatric) evals (evaluations), notes in [electronic record], (clients') typical behaviors and their extreme or out of the ordinary behaviors...discuss (Client #2's diagnosis of) diabetes, but not medication related specifics."</p>	V 108		

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V 108	Continued From page 3 Interview on 1/29/25 with the Licensee's Registered Nurse (RN) revealed: -Had not taught any diabetes specific trainings. Interview on 1/29/25 with the Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse revealed: -Taught first aid and CPR to staff. -A portion of the first aid training covered hypoglycemic emergencies, but the training was not specific to Client #2. The training she provided included a video regarding low sugar symptoms, dizziness, weakness, lethargy, shakiness or hunger. "Signs (of hypoglycemia) with [Client #2] are not that obvious." -The RN was currently working to develop diabetes training for staff.	V 108			
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:	V 110	In order to correct the deficiency, administrative action was taken with staff #3 is no longer employed with ACS. In order to prevent recurrence, all staff will receive ongoing training and supervision. This will be monitored by the Director of IDD Services to ensure compliance.		4/20/2025

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V 110	<p>Continued From page 4</p> <p>(1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3 paraprofessional staff (Staff #3) failed to demonstrate the knowledge, skills, and abilities required for the population served. The findings are:</p> <p>Review on 2/4/25 of Staff #3's record revealed: -Date of hire: 11/4/24 as a Direct Support Professional. -Training in: -Trauma Informed Services-11/14/24. -Communication and Conflict Management-11/25/24. -Crisis Management Basics-11/25/24. -Human Rights-11/22/24. -Person First Language -11/29/24.</p> <p>Interview on 2/5/25 with Client #4's Legal Guardians revealed: -Guardian #1 had worked with Client #4 for approximately one and one-half years. Guardian</p>	V 110		

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V 110	<p>Continued From page 5</p> <p>#2 was new to Client #4's case. Both went to the group home on 1/23/25.</p> <p>-Guardian #1: "I opened the car door and heard screaming from inside the house (group home)...couldn't hear what was specifically said. When we went in, [Client #4] was sitting there on the couch looking a little upset. We all went to her room. [Client #4] said 'I just got in a fight with that woman. She called me a liar; kept telling me I didn't take a shower, but I did, feel my hair.' Close to her head was wet, but drier on the outside. The worker (Staff #3) was angry, in the kitchen slamming doors and cabinets. I don't know if she was the only staff there at that time..."</p> <p>-Guardian #2: "Staff have said they will not help her wash her hair or snap her bra."</p> <p>-Guardian #2: Tried to talk to Staff #3 in the kitchen as she "continued slamming doors, shoving things on counter. She (Staff #3) kept repeating '[Client #4] is a problem, [Client #4] is a problem...she won't shower...won't take her medications. [Client #4] upsets the other residents (clients)...pees her pants on purpose.' She (Client #4) never had a problem with incontinence."</p> <p>Interviews on 2/4/25 and 2/6/25 with Client #4 revealed:</p> <p>-Lived at the group home for approximately one year.</p> <p>-"Staff treat me good."</p> <p>-"[Staff #3] yelled at me for turning the TV (television) on or up too loud...taking a shower...getting back in bed."</p> <p>-"[Staff #3] left yesterday during the shift...had problems at (staff's) home...she was the primary staff that yelled...she yelled at me all the time. She would make me retake showers after I just took one."</p> <p>-Completed that she completed personal care</p>	V 110			

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V 110	Continued From page 6 independently, "...I can do that just fine. Staff fuss at me for not taking a shower...it's not a big deal...it's all straight now." -"Most of my bras are just pull-over. If I ask for help, I receive it." Interview on 2/6/25 with Staff #3 revealed: -"I don't work for them (group home) anymore." -"[Client #4] really needed help in the shower. She (Client #4) could dress herself but would just put on dirty clothes...." -"They (administration) didn't expect us to help (with personal hygiene)...told us we can't help her (Client #4)." -"I wouldn't yell at the clients. When they (clients) would scream, I'd have to raise my voice back so they could hear me...No other staff yelled...I really didn't pay any attention to other staff, just tried to do my job." Interview on 2/5/25 with the Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse revealed: -"[Staff #3] is no longer employed with us...as of 2/3/25." -"That (behavior) is concerning and will be addressed..."	V 110		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in	V 117	In order to correct the deficiency, on 1/29/2025, a new bottle of glucose tablets was obtained with a label to replace the bottle that was found where the label had fallen off. In order to prevent future recurrences, the Director of IDD Services or designee will complete a face-to-face review, at a minimum, bi-weekly to ensure all medications are correctly labeled. This will be monitored by the Director of Operations to ensure compliance.	3/14/2025

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V 117	<p>Continued From page 7</p> <p>tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility failed to ensure that medications were labeled as required for 1 of 4 audited clients (#2). The findings are:</p> <p>Review on 1/28/25 of Client #2's record revealed:</p> <p>-Date of admission: 2/14/15.</p> <p>-Diagnoses: Alcohol Use Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder, Traumatic Brain Injury, Type II Diabetes Mellitus.</p> <p>-Physician's order dated 6/26/24 revealed:</p> <p>-Glucose tablets (tabs) 4 milligrams (mg)</p> <p>chew 4 tabs as needed (PRN) for hypoglycemia -</p>	V 117		

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V 117	Continued From page 9 -Reordered glucose tabs from the pharmacy on 1/29/25. When the plastic cover was removed from the lid at the perforation, the entire manufacturer's label began to peel off. They heavily taped the label securely to the bottle so it could not easily be removed. This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.	V 117		
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	V 118	In order to correct the deficiencies, The Director of IDD Services completed an audit of medication orders and the MAR to ensure all current medication orders are appropriately documented on the MAR. To ensure coordination of care, the Director of IDD Services will send monthly glucose logs to the Primary Care Provider. In order to correct the deficiency, the RN will complete a client specific training with all staff including education on Diabetes Mellitus and specific client needs relating to this disorder. In order to prevent future recurrence, the Director of IDD Services or designee will complete, at a minimum, a bi-weekly review to ensure the MAR is current, all medications are correctly labeled, all medication refusals are appropriately documented, and refusals and missed doses have been reported to the pharmacy/provider. Any deficiencies found during the review will be addressed administratively. Also to further enhance care coordination, the Primary Care Provider began home visits with the Director of IDD Services present which include medication reconciliation that will compare prescriber orders to MAR orders	3/14/2025

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V 117	<p>Continued From page 8</p> <p>repeat in 15 minutes if continues.</p> <p>Review on 1/28/25 of Client #2's November, 2024-January, 2025 Medication Administration Records revealed: -Glucose tabs were documented as administered on 11/17/24, 11/24/24, and 11/30/24.</p> <p>Observation on 1/28/25 at approximately 1:00pm of Client #2's medication revealed: -Approximately 5" tall opaque plastic bottle almost half full of large, nearly quarter sized, peach colored tabs. There was no label, no writing, and no tape residue on the outside of the bottle.</p> <p>Interviews on 1/28/25 with Staff #1 and #2 revealed: -They were not sure what the medication was in the unlabeled bottle, but thought they were Client #2's glucose tabs. -They did not remember there ever being a label on this bottle. -Staff #1 reported having "administered these tablets a time or two, but not sure when exactly."</p> <p>Interview on 2/4/25 with the facility's dispensing pharmacist revealed: -Client #2's glucose tabs were last filled 11/5/24 and 1/29/25. "The facility has to request PRN fills."</p> <p>Interviews on 1/29/25 and 1/31/25 with the Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse revealed: -On 1/29/25, staff brought the unlabeled 5" tall opaque plastic bottle to the office for her to actually see. Had "no idea what the medication was" in the unlabeled bottle. -Completed a medication cabinet audit on 12/13/24. "Glucose tabs had a label at that time."</p>	V 117		

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V 118	<p>Continued From page 10</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility failed to ensure medications were administered on the written order of a physician, failed to ensure MARs were kept current, and failed to provide required training in medication administration affecting 4 of 4 audited clients (#1, #2, #3, and #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V117). Based on record reviews, interviews, and observation, the facility failed to ensure that medications were labeled as required for 1 of 4 audited clients (#2).</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V123). Based on record reviews and interviews, the facility failed to ensure all medication administration errors were reported immediately to a pharmacist or physician affecting 2 of 4 audited clients (#1, #3).</p> <p>Cross Reference: 10A NCAC 27G.5603 Operations (V291). Based on record reviews and interviews, the facility failed to coordinate medical</p>	V 118	<p>In order to prevent recurrence, the RN will complete a client specific training with all staff who are newly hired including education on Diabetes Mellitus and specific client needs relating to this disorder. Furthermore, the RN will complete additional client specific trainings with all staff if there are changes in condition or specific clients needs relating to this disorder.</p> <p>This will be monitored by the Director of Operations to ensure compliance.</p>	

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V 118	<p>Continued From page 11</p> <p>care with providers responsible for the client's treatment for 1 of 4 audited clients (#2).</p> <p>Review on 1/28/25 of Client #1's record revealed: -Physician's orders: -Amoxicillin 875 milligrams (mg) (antibiotic) 1 tablet (tab) twice daily for 7 days dated 10/28/24. -Hydroxyzine 25mg (anxiety/irritation) 1-2 capsules (caps) 4 times daily as needed (PRN) dated 1/30/25.</p> <p>Review on 1/28/25 of Client #1's November, 2024-January, 2025 MARs revealed: -Amoxicillin was not documented as administered on 11/4/24, AM dose. (1 dose) -Hydroxyzine was not documented on the back of the MAR with the number of caps administered nor reasons for administration on 11/6/24 and 11/7/24. (2 doses)</p> <p>Interview on 1/28/25 with Client #1 revealed: -"I take lithium...take a lot of other meds (medications) but I don't know the names."</p> <p>Review on 1/28/25 of Client #2's record revealed: -Physician's orders: -Mometasone 50 micrograms (mcg) (allergies) inhale 1 spray each nostril every AM dated 5/9/24. -Metformin 500mg (diabetes) take 2 tabs twice daily dated 8/26/24. -Tamsulosin 0.4mg (enlarged prostate) take 1 tab every AM dated 10/28/24. -Chlorpromazine 25mg (cholesterol) 1 tab in AM and 3 tabs at bedtime daily dated 7/29/24. -Lantus Solostar 100 milliliters (ml) (diabetes) inject 5 international units (IU) subcutaneously at bedtime daily dated 3/27/24 and discontinued on 11/26/24. -Hydroxyzine 25mg (insomnia/anxiety) 1-3</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>tabs at bedtime PRN dated 7/29/24.</p> <p>-Lispro/Humalog Instructions inject number of units listed below with sliding scale dated 3/17/23:</p> <ul style="list-style-type: none"> -7am - 10 units plus (+) sliding scale -12pm - 4 units + sliding scale -5pm - 4 units + sliding scale -8pm - sliding scale daily max - 58 units <p>-Blood sugar - sliding scale units:</p> <ul style="list-style-type: none"> -150-200 2 units -201-250 4 units -251-300 6 units -301-350 8 units -351-400 10 units <p>-Lispro/Humalog Instructions updated 11/26/24:</p> <ul style="list-style-type: none"> -7am - 4 units + sliding scale -12pm - 4 units + sliding scale -5pm - sliding scale daily max - 50 units <p>-Self-administer order dated 6/20/22 revealed: "under direct supervision [Client #2] is able to self-administer his insulin."</p> <p>Review on 1/28/25 of Client #2's November, 2024-January, 2025 MARs revealed:</p> <ul style="list-style-type: none"> -Mometasone was documented as "not available" on 11/17/24. (1 dose) -Metformin was not documented as administered on 11/30/24 and 12/30/24 for the PM doses. (2 doses) -Tamsulosin was not documented as administered on 12/20/24. (1 dose) -Chlorpromazine was not documented as administered on 12/20/24 for the AM dose. (1 dose) -Lantus was not documented as administered on 11/7/24. (1 dose) -Lantus was discontinued on 11/26/24 but continued to be documented as administered through 12/4/24. (8 additional doses) 	V 118		

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V 118	<p>Continued From page 13</p> <p>-Hydroxyzine was not documented on the back of the MAR with the number of tabs administered nor reasons for administration on 11/6/24, 11/7/24, and 11/22/24. (3 doses)</p> <p>-Humalog order dated 11/26/24 was not started immediately and the previous order continued until 12/13/24. (7am-17 doses; 5pm-16 doses; 8pm-16 doses)</p> <p>-On 1/16/25, Humalog was documented as administered with no sliding scale units as it was documented as held.</p> <p>-A supplemental document was attached to the MARs which indicated the sliding scale units administered based on the blood sugar levels. "Held" was documented if no additional sliding scale units were administered. There was no documentation on 11/8/24 at 12pm, 11/11/24 at 7am, 11/20/24 at 12pm, 11/21/24 at 5pm, 12/8/24 at 5pm, 12/15/24 at 12pm or 5pm, 12/31/24 at 12pm, 1/19/25 at 5pm which indicated if sliding scale units were administered or if they were held. (9 instances)</p> <p>Review on 1/28/25 of November, 2024-January 28, 2025 of the facility's incident reports revealed:</p> <p>-On 1/16/25 at 12pm, "I (Staff #2) checked resident's (Client #2) blood sugar, it was 510. I immediately called the QP (qualified professional), who advised me to call 911 while she called the supervisor. 911 arrived and checked his blood sugar again at 12:25pm, it was 439. I checked the MAR and found that his insulin was held at 7AM. According to the insulin instructions, 7AM gives 4 units + sliding scale, his blood sugar at 7AM was 123, so he should have received 4 units of insulin. EMS (emergency medical services) advised to give 14 units of insulin, to follow the insulin instructions of 4 units + sliding scale of 10 units. I gave resident 14 units of insulin and held lunch for another 30 minutes,</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>at 1pm I checked his blood sugar, which was 358 and proceeded to give him lunch."</p> <p>Observation on 1/28/25 at approximately 11:30am of Client #2 checking his blood sugar levels in the dining room revealed: -Client #2 sat down at the dining room table while staff placed lunch plates on the table. Client #2 set up his lancet to take his blood sugar while picking up and eating 1 grape at a time from his plate. He wiped his finger with an alcohol pad, loaded his lancet, pushed a button then put his finger to the test strip. Staff #1 observed Client #2 and saw the blood sugar reading from glucometer, and wrote it down on a piece of paper. Client #2 removed another alcohol wipe from the pouch and wiped his stomach. Staff set the pen to the number of units and gave him the pen and the pen tip to screw onto the pen. Client #2 screwed on the pen tip with needle and removed the cover and then jabbed the pen into his stomach and handed the pen back to staff.</p> <p>Interview on 1/28/25 with Client #2 revealed: -Had diabetes since 1990. -"Don't have the [continuous glucose monitor #1]... it was taken out and not put in." -"I do my finger sticks...staff are sitting here when I take it (blood sugar readings)...they see it first...staff figure how much insulin and they set it (injection pen) and I take the shot in my stomach." -When his blood sugar was low, "I don't know how I feel...I'm ready to fall down...hard to walk ...I let staff know and staff tell me to sit down." -"I don't have the meter (continuous glucose monitor #1) in my stomach anymore, so I have to test myself."</p> <p>Review on 1/28/25 of Client #4's record revealed:</p>	V 118			

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V 118	<p>Continued From page 15</p> <p>-Date of admission: 11/14/16. -Diagnoses: Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Schizophrenia, Traumatic Brain Injury. -Physician's orders: -Cephalexin 500mg (antibiotic) 1 cap twice daily for 7 days dated 1/17/25. -Trazadone 150mg (sleep) 2 tabs at bedtime daily dated 2/28/24 and changed to 1 tab PRN on 11/26/24.</p> <p>Review on 2/4/25 of Client #4's November, 2024-January, 2025 MARs revealed: -Cephalexin was documented as administered on 1/19/25-1/28/25 AM doses and 1/18/25-1/25/25 and 1/27/25-1/31/25 PM doses. There was no documentation of administration on 1/20/25 AM dose. (1 dose). Documentation of administration continued 1/26/25-1/28/25 AM and 1/25/25, 1/27/25-1/31/25 PM past the 7 days for which it was ordered. (9 additional doses) -Trazadone 150mg 2 tabs was documented as administered on 11/27/24-12/31/24. (35 additional doses)</p> <p>Interview on 2/4/25 with Client #4 revealed: -"I take meds (medications); can't tell you the names, so many of them." -Staff check to make sure meds are administered, "...make us stick our tongue out."</p> <p>Interviews on 1/29/25 and 2/4/25 with the facility's dispensing pharmacist revealed: -"We don't get d/c (discontinue) orders...received a copy of a verbal order to d/c Lantus (for Client #2) from [Residential Manager] on 12/4/24." -Their last Humalog updated order on 9/23/24 (reflecting the same dosing instructions as 3/17/23 order) was 58 units daily max. -The facility faxed a Humalog order on 12/13/24</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>(which was written on 11/26/24) with 50 units daily max.</p> <p>- "Trazadone order (for Client #4) was received 11/26/24 but we did not change order until 12/19/24 for the refill. The order for 2-150mg at bedtime was filled 11/25/24. We sent [Licensee] a copy of new script. January MAR had PRN." December MAR was not changed.</p> <p>Interview on 1/31/25 with Primary Medical Care Prescriber (PMCP) revealed:</p> <p>- Blood sugar level of "510 is high and can lead to ketoacidosis...confusion, disorientation, shortness of breath. EMS was able to give (administer) him insulin to bring it down...have a sliding scale to help bring it back in line...70 is too low...should administer glucose tabs, a soda or juice. Hypoglycemia protocol was given to them (facility staff) to follow...grapes would make his sugar go up but the sliding scale would cover that."</p> <p>- Glucose tabs should be administered when he was "feeling shaky if blood sugar is below 70...check again 15 minutes later (to make sure blood sugar level was rising)."</p> <p>Interview on 1/28/25 with Staff #1 revealed:</p> <p>- "[Client #2] can do a lot by himself...he can check his blood sugar...gives me the number...we monitor him doing that...give him the supplies (test strip, lancet and his pouch with alcohol wipes and lancet device)...look at the chart to determine how many units (of insulin) he should get...if its just the units, but not the sliding scale, we write held (on the MAR)."</p> <p>- Diabetes training was "thrown in at med class..."</p> <p>- Did not recall any specific training completed regarding medication administration training for Client #2's diabetes medication.</p> <p>- Did not receive specific training on how to supervise Client #2 during self administration of</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>diabetes medication.</p> <p>Interviews on 1/28/25 and 2/11/25 with Staff #2 revealed:</p> <p>-Started 12/9/24...first day in the group home was 12/21/24 and was "...still trying to get the hang of everything."</p> <p>-"[Client #2] gets insulin at lunch and dinner...wants to do everything himself. Pricks his own finger...shows us the number...have a scale...4 units plus sliding scale...dinner is just sliding scale...check the paper to see how many units he needs and he gives (administers) himself shots in his stomach."</p> <p>-"Only filled out 1 incident report...called EMS...[Client #2's] blood sugar went up really high...he just needed insulin."</p> <p>-"Me and [Staff #3] took [Client #2] to the doctor in early January. We sat in the appointment with [Client #2]. Do not recall if any medications changed."</p> <p>-"Sheet in MAR for blood sugar scale. If below 70, we can give sugar tablets...instructions are in the MAR."</p> <p>-When his blood sugar was low, "he is noticeably more agitated." His diet consisted of no sugar, no jelly, diabetic friendly snacks.</p> <p>-"Most of the time, he goes to the dining room table. I put his food on the table and hand him an alcohol wipe...now (with the new continuous glucose monitor #2 since 1/30/25) we only do finger pricks if his sugar is too high or too low. Now I just look at the sensor...also has an alarm; hasn't gone off with me...I check the sliding scale for how many units...put the needle on the pen and hand it to him...we're standing right there...he wiggles the pen and holds it in for a couple seconds...we don't record which side he puts it on...he usually alternates sides..."</p> <p>-"When I first started, I watched staff...watched</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>how they set the pen and how he gave himself the shot...watched them 4 times then they watched me."</p> <p>-There was no formal training in how to supervise Client #2 when he self-administered his insulin.</p> <p>-"Explained how to set the (insulin) pen in the med administration (training), but understood more when I actually did it in the house (group home)."</p> <p>Interviews on 1/31/25 and 2/11/25 with Staff #4 revealed:</p> <p>-"Had...first aid/CPR (cardiopulmonary resuscitation) that talked about hypoglycemia, but didn't go into detail. A previous staff showed me how to test sugar and when to test...no specific training for [Client #2]" for his self-administration of diabetes medications.</p> <p>-"[Client #2] does it (self-administration of insulin) in the same spot every single time when I've given it (insulin pen) to him...he likes things to happen exactly the same...very habitual...sometimes he hits himself too hard and too fast...definitely holds it in long enough...once he handed it back to me and the button wasn't pushed; got a new needle and had him do it again..."</p> <p>-"When I first started, we did training for 8 hours for 5 days on the computer...then hands on training and observed staff...previous staff was the only employee at the house (group home)...it (supervising Client #2 self-administer diabetes medications) was second nature to her...was not really explained to me..."</p> <p>-"I learned by observing staff, no training" in providing Client #2 with supervision during his self-administration of diabetes medications.</p> <p>Interviews on 1/31/25 and 2/11/25 with Staff #5 revealed:</p>	V 118			

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V 118	<p>Continued From page 19</p> <p>- "...Check his (Client #2's) blood sugar, get his pen, turn it to the necessary units, he sticks it in and holds it 4 seconds...rotates the pen making a circular motion...he always does this...gives (administers) it in the same general place always on the right side of his belly...he won't let you do it...jabs pretty hard...makes sure the pen has been pushed in...standing beside him the whole time..."</p> <p>- "He's particularly sensitive to the left side of his body...doesn't do (self-administer) the insulin on that side...calls it his bad side..."</p> <p>- "Give him peanut butter or glucose tabs to raise his sugar."</p> <p>- Received "no specific training" in providing Client #2 with supervision during his self-administration of diabetes medications.</p> <p>Interview on 1/29/25 with the Licensee's Registered Nurse (RN) revealed:</p> <p>- Worked for the Licensee since September 2024 and provided medication administration training to staff.</p> <p>- Medication administration training included basic diabetes information, "basically how client sticks themselves" for blood sugar levels.</p> <p>- "... (Staff) look at (blood sugar) reading...MAR should have sliding scale, then do the math...staff dial pen to number of units, screw on the needle with cover, remove the cover, staff stick pen to client, hold a few seconds, then remove, untwist needle and deposit in sharps box, replace cap and place pen back in lock box and in refrigerator."</p> <p>- "Staff observe client do test strips (for blood sugar monitoring)..."</p> <p>- "Don't cover hypoglycemia in med administration class...staff know what to do if its (blood sugar) too low...give him (Client #2) food, specifically carbs."</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>-Did not provide any training on diabetes to staff or clients.</p> <p>-Did not provide any training on supervising Client #2 during his self-administration of diabetes medications.</p> <p>Interviews on 1/28/25 and 2/4/25 with the Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse (DIDDS/LPN) revealed:</p> <p>-Client #2 saw the prescriber on 11/26/24. The PMCP's nurse coordinating the visit completed the progress note. "I didn't see this (change order for Lantus) until 12/4/24 after Thanksgiving and immediately stopped (discontinued) the Lantus. I spoke to [PMCP] on 12/13/24 for clarification and to confirm Lantus had been discontinued. She told me then she had also reduced the units of Humalog. A script (medication order) was sent to the pharmacy and notation made on the MAR."</p> <p>-"[Client #2] got the [continuous glucose monitor #2] yesterday...sensor implant on back of arm with continuous monitoring. I have been training staff prior to the next shift with the new monitor...change sensor every 2 weeks rather than every 10 days, which was a different staff each time."</p> <p>-"He (Client #2) would prefer giving (administering) himself the shot (insulin)."</p> <p>-"I don't know, I've never observed" if Client #2 self-administered insulin correctly.</p> <p>-"Humalog ordered changed on 12/13/24 when I talked to [PMCP] and sent to the pharmacy."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>Review on 2/5/25 of Plan of Protection dated 2/5/25 and signed by the DIDDs/LPN revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? - Beginning 2/6/25, the Director of IDD Services (DIDDs/LPN) or designee will complete a face-to-face review every other day to ensure the MAR is current, all medications are correctly labeled, all medication refusals are appropriately documented, and refusals and missed doses have been reported to the pharmacy/provider. - The Director of IDD Services will complete an audit of medication orders and the MAR to ensure all current medication orders are appropriately documented on the MAR. The audit will begin on 2/6/25 and be completed by 2/12/25. - On 1/29/25, a new bottle of glucose tablets was obtained with a label to replace the bottle that was found where the label had fallen off. - To ensure coordination of care the Director of IDD Services will send daily glucose logs to the Primary Care Provider (PMCP) beginning 2/6/25 until further instructions can be obtained from the physician. - On 1/30/25, [continuous glucose monitor #2] was administered to the resident for constant blood glucose monitoring. - To further enhance care coordination, on 2/4/25, the Primary Care Provider began home visits with the Director of IDD Services present which included medication reconciliation. <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - The Director of IDD Services or designee will complete a Medication Attestation/Reconciliation on alternating days and will be reviewed by ACS (Licensee) Director of Operations. - The Director of IDD Services will complete a Medication Order audit by 2/12/25, which the ACS 	V 118		

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ROBBINSVILLE, NC 28771**

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V 118	<p>Continued From page 22</p> <p>Director of Operations will review.</p> <p>-The Primary Care Provider was contacted 2/5/25 for frequency instructions.</p> <p>-The Director of Operations is responsible for overseeing that the identified coordination plan is implemented."</p> <p>Review on 2/11/25 of amended Plan of Protection dated 2/11/25 and signed by the DIDDs/LPN revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>- On 2/10/2025, updated self-administration of medication orders were received. Staff will receive client specific training regarding staff supervision of medication self-administration. Describe your plans to make sure the above happens.</p> <p>- The Director of IDD Services will complete a client specific training on 2/13/25 regarding staff supervision of medication self-administration."</p> <p>Review on 2/19/25 of the 2nd amended Plan of Protection dated 2/19/25 and signed by the DIDDs/LPN revealed:</p> <p>"Describe your plans to make sure the above happens.</p> <p>The RN will complete a client specific training on 2/24/25 regarding staff supervision of medication self-administration."</p> <p>Clients had medical and mental health diagnoses including Cannabis Use Disorder, Schizoaffective Disorder, Bipolar Disorder, Reaction to Severe Stress, Alcohol Use Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder, Type II Diabetes Mellitus, Traumatic Brain Injury, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Schizophrenia. Eight doses of seven medications (amoxicillin,</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/19/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THE TWIN OAKS

**536 MOOSE BRANCH ROAD
ROBBINSVILLE, NC 28771**

(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 118	Continued From page 23 mometasone, metformin, tamsulosin, chlorpromazine, Lantus, Humalog) were ordered but not documented as administered. Clients #1 and #2's PRN hydroxyzine was documented as administered for 5 doses, but there was no documentation of the number of tablets for each dose or reason for administration documented. Client #2 was a diabetic with blood sugar levels which fluctuated from 52-510 from 11/1/24-1/28/25. There was an unlabeled bottle in Client #2's medications. There were 14 instances of blood sugars not being recorded, and 9 doses of Humalog not documented as administered. Client #2's blood sugar level rose to 510 on 1/16/25 which required intervention by EMS. Lantus was discontinued and Humalog units were reduced by the prescriber on 11/26/24, but the facility did not implement these orders immediately and Lantus continued to be administered for 8 additional doses and the Humalog units continued at higher doses for 17 additional days. Client #2 self-administered Humalog daily under direct supervision of staff, but there was no evidence of training of insulin administration in order to provide supervision. Client #4 was administered 35 additional doses of trazadone and 9 additional doses of cephalexin after the medications were to be discontinued. Client #1 and Client #3 refused 3 medications (cholestyramine, simvastatin and olanzapine) on 5 occasions which were not reported to a physician or pharmacist. The PMCP was not kept informed of Client #2's currently administered medications either by staff accompanying the client to appointments or by administrative staff returning phone calls. The PMCP was not notified of Client #2's blood sugar readings or how many sliding scale units of insulin were administered to provide the required care to Client #2's significant medical needs.	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/19/2025
NAME OF PROVIDER OR SUPPLIER THE TWIN OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771		
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V 118	Continued From page 24 This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118			
V 123	27G .0209 (H) Medication Requirements 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 reviews and interviews, the facility failed to ensure all medication administration errors were reported immediately to a pharmacist or physician affecting 2 of 4 audited clients (#1, #3). The findings are: Review on 1/28/25 of Client #1's record revealed: -Date of admission: 2/17/24. -Diagnoses: Cannabis Use Disorder; Schizoaffective Disorder; Bipolar Disorder; Reaction to Severe Stress, Unspecified. -Physician's order dated 7/29/24 revealed: -Cholestyramine packet (cholesterol) mix packet with water and drink every evening. Review on 1/28/25 of Client #1's November,	V 123	In order to correct the deficiency, the Director of IDD Services or designee completed a face to face review every other day to ensure the MAR was complete and any refusals, missed doses or medication errors were reported to a pharmacist or physician. Staff were retrained to report medication refusals so that the Director of IDD Services or designee can report to the pharmacist or physician. In order to prevent future recurrence, the Director of IDD Services or designee will complete . at a minimum, a bi-weekly review to ensure the MAR is current, all medication refusals are appropriately documented, and refusals and missed doses have been reported to the pharmacy/provider. Any deficiencies found during the review will be addressed administratively. Staff will receive reminders to report medication refusals. This will be monitored by the Director of Operations to ensure compliance.	3/14/2025	

Division of Health Service Regulation

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**536 MOOSE BRANCH ROAD
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V 123	<p>Continued From page 25</p> <p>2024-January, 2025 Medication Administration Records (MARs) revealed:</p> <ul style="list-style-type: none"> - Cholestyramine was documented as refused on 11/9/24, 11/20/24, 12/3/24, and 12/9/24. <p>Review on 1/28/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 2/17/24. -Diagnoses: Major Depressive Disorder, Anxiety Disorder, Traumatic Brain Injury, Intermittent Explosive Disorder. -Physician's orders: <ul style="list-style-type: none"> -Simvastatin 40 milligrams (mg) 1 tablet (tab) daily at bedtime ordered 9/11/24. -Olanzapine 10mg (anxiety) 1 tab daily ordered 12/19/23. <p>Review on 1/28/25 of Client #3's November, 2024-January, 2025 MARs revealed:</p> <ul style="list-style-type: none"> -Simvastatin and Olanzapine were documented as refused on 12/6/24. <p>Interview on 1/28/25 with Client #3 revealed:</p> <ul style="list-style-type: none"> -"Take meds (medications)...don't know what it is." -"Get them every day...never forget...not refused." <p>Review on 1/28/25 of the facility's incident reports including medication errors from 11/1/24-1/28/25 revealed:</p> <ul style="list-style-type: none"> -There were no reports for Client #1 refusing medications on 11/9/24, 11/20/24, 12/3/24, and 12/9/24. -There were no reports of Client #3 refusing medications on 12/6/24. -There was no other documentation that a pharmacist or physician was contacted regarding Client #1's and Client #3's medication refusals. <p>Interview on 1/29/25 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -If a client refused medications, "ask them 3 more 	V 123		

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V 123	Continued From page 26 times. If they still refuse, document it on the MAR and contact supervisor and fill out incident report for med (medication) error." Interview on 2/4/25 with the Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse revealed: -The procedure when a client refused medications was for staff to complete an internal incident report. "Me or [Residential Manager] receive the incident report and contact the pharmacy or physician. If staff don't complete an incident report, then we don't know." This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.	V 123			
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 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	V 291	In order to correct the deficiency and to ensure coordination of care, the Director of IDD Services will send monthly glucose logs to the Primary Care Provider. In order to prevent recurrence, and to further enhance care coordination, the Primary Care Provider began home visits with the Director of IDD Services present which include medication reconciliation. This will be monitored by the Director of Operations to ensure compliance	3/14/2024	

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V 291	<p>Continued From page 27</p> <p>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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate medical care with providers responsible for the client's treatment for 1 of 4 audited clients (#2). The findings are:</p> <p>Review on 1/28/25 of Client #2's record revealed: -Date of admission: 2/14/15. -Diagnoses: Alcohol Use Disorder, Major Depressive Disorder, Unspecified Anxiety Disorder, Traumatic Brain Injury, Type II Diabetes Mellitus. -Physician's order dated 3/17/23 revealed -Accu-check softclix lancets-use to check blood glucose 4 times daily.</p> <p>Review on 1/28/25 of Client #2's blood sugar log from November, 2024- January, 2025 revealed: -Blood sugar levels taken 4 times a day were recorded on a separate document from the MAR. There was no documentation of blood sugar taken on 11/8/24 at 12pm, 11/11/24 at 7am, 11/20/24 at 12pm, 11/21/24 at 5pm, 12/8/24 at 5pm, 12/15/24 at 12pm or 5pm, 12/18/24 at 7am,</p>	V 291		

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V 291	<p>Continued From page 28</p> <p>12/19/24 at 7am, 12/31/24 at 12pm, 1/19/25 at 5pm, 1/21/25 bedtime, 1/22/25 bedtime and 1/27/25 bedtime. (14 instances)</p> <p>-Blood sugar levels ranged from 58 to 368 in November, from 52 to 387 in December, and from 52 to 510 in January.</p> <p>Interviews on 1/28/25 and 1/31/25 with Client #2's Primary Medical Care Prescriber (PMCP) revealed:</p> <p>- "Historically, had trouble with this group home responding or having current accurate information on their people (clients)."</p> <p>- Staff attended appointments without having a current medication administration record of all medications ordered and without providing blood sugar readings since the previous appointments.</p> <p>- "[Client #2] continued to have low blood sugars in the morning....wrote clear orders (to discontinue Lantus and reduce Humalog) and signed their form (physician progress note (PPN))."</p> <p>- "Staff that bring him (Client #2), don't have updated med (medication) list and didn't know what was current (medications)."</p> <p>- "I've called the home (group home) and care manager [Staff #8] and have no call back...left messages for [Staff #8] and the [Residential Manager] and don't receive a call back...can't talk to anyone when I call."</p> <p>- "I received a message on 1/16/25 that [Client #2's] sugar got up to 510. They called EMS (emergency medical services)."</p> <p>- "Last saw him not using [continuous glucose monitor #1]...last used [continuous glucose monitor #1] in November (2024)...."</p> <p>- "Called (facility's administrative) office to get the blood sugar log...spoke to [Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse (DIDDs/LPN)]</p>	V 291			

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V 291	<p>Continued From page 29</p> <p>who was going to fax (facsimile) (Client #2's blood sugar log), but did not receive the fax log."</p> <p>- "Dietary habits are not where we want them to be...have a sliding scale (for insulin administration) to help bring it (blood sugar) back in line. Hypoglycemia protocol was given to them (staff) to follow."</p> <p>- "He (Client #2) should be on a low carb (carbohydrate) diet consistently, not eating a big bowl of pasta one day and no carbs the next...want his blood sugar to stay in the 100's."</p> <p>Interview on 1/28/25 with Staff #1 revealed:</p> <p>- Took appointment folders to all doctors' appointments. Folder contained "physician progress notes (PPN) that the doctor fills out, copies of MAR, insurance information, and basic demographics. The (facility's administrative) office gives us (staff) updated folder each month."</p> <p>- "Had [continuous glucose monitor #1] on his stomach (months ago)...doctor can read history record from his [continous glucose monitor #1]. Now have test strips of blood sugar record numbers on the sheet."</p> <p>- Did not remember when the continous glucose monitor #1 stopped working.</p> <p>Interview on 1/28/25 with Staff #2 revealed:</p> <p>- Started working in the facility on 12/21/24.</p> <p>- "Me and [Staff #3] took [Client #2] to the doctor in early January."</p> <p>- Had a folder for each of the clients; "...take the folder with us to appointments."</p> <p>Interview on 1/29/25 with Staff #3 revealed:</p> <p>- Took Client #2 to the doctor on 1/2/25.</p> <p>- "We have an appointment book that has PPN but it don't have the documented MAR (which contained a list of current medications and what had been administered) in them, just a blank one</p>	V 291		

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V 291	<p>Continued From page 30</p> <p>(which was not current to reflect all medication orders)."</p> <p>"Told we can't take the MAR (which contained documented daily medication administration) out of the house (group home). "</p> <p>Interview on 2/4/25 with the Residential Manager revealed:</p> <p>"I always return calls. I had messages from her (Client #2's PMCP) office but always return calls. Trying to get hold of her with their phone system took 35 minutes to get to her assistants."</p> <p>Interviews on 1/28/25 and 2/4/25 with the DIDDs/LPN revealed:</p> <p>-Client #2 saw his primary prescriber at their local office on 11/26/24 and 1/2/25.</p> <p>-Appointment folders were required to go to medical appointments. Folders were kept at the facility and included the face sheet, blank MAR which listed the current medications but no documentation to indicate daily administration, blank PPNs, and insurance information. At the beginning of each month, staff were instructed to put the copy of the current MAR in appointment folders.</p> <p>-Staff #8 was the point of contact with doctors' offices and was responsible for putting the folders together. "[Staff #8] was having trouble (did not always promptly receive) getting the updated progress notes from staff after they took clients to doctor (PMCP)."</p> <p>-Don't recall how long Client #2 had not used the continuous glucose monitor #1. " Blood sugar logs were still kept...staff didn't always take them to appointments."</p> <p>-During the January medical appointment, Staff #3 brought Client #2's December MAR which did not reflect the changes in medication ordered by the PMCP. Staff #3 did not relay to the PMCP</p>	V 291		

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V 291	Continued From page 31 that the medications were changed per her previous orders so the PMCP could not identify what medications were administered to Client #2. -"Disappointing [Staff #3] didn't recognize the December MAR still had Lantus." -"It's possible I was to send the blood sugar readings (to PMCP), I don't recall." This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.	V 291			
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable	V 536	In order to correct the deficiency, the staff member attended CPI training 1/29/2025. In order to prevent future recurrences, all staff shall receive CPI training prior to working with clients and shall have annual refresher training. This will be monitored by the Director of IDD Services to ensure staff compliance.		4/20/2025

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V 536	Continued From page 32 methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include:	V 536		

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V 536	Continued From page 33 (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program	V 536		

R
02/19/2025

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 1 of 4 audited staff (Staff #2) received initial training in alternatives to restrictive interventions prior to the provision of services. The findings are:

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/19/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THE TWIN OAKS

**536 MOOSE BRANCH ROAD
ROBBINSVILLE, NC 28771**

(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 536	Continued From page 35 Review on 1/27/25 of Staff #2's record revealed: -Date of hire: 12/9/24. -No documentation of training in alternatives to restrictive intervention. Further review on 2/4/25 of Staff #2's record revealed: -Crisis Prevention Institute (CPI) certificate for training in alternatives to restrictive intervention dated 1/29/25. Interview on 1/28/25 with Staff #2 revealed: -Hired 12/9/24 but "began working on the floor (with clients) 12/21/24." -"Scheduled for CPI training tomorrow (1/29/25)." Interview on 1/27/25 with the Director of Intellectual/Developmental Disabilities Services/Licensed Practical Nurse revealed: -"[Staff #2] doesn't have CPI. The trainer was sick." -Staff #2 was scheduled for CPI training on 1/29/25.	V 536		