

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601425	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER KANDAKAI HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 10148 FIELDSTOJNE COURT CHARLOTTE, NC 28269			
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V 000	INITIAL COMMENTS An annual survey was completed on March 18, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000	V291 27G .5603 Operations Issue Noted: Lack of coordination of care. Correction: QP attended doctor visit on 3/27/2025 at 3:30pm. Client has been referred by his primary care physician to an endocrinologist to manage diabetes. Farxiga medication was denied by Medicaid and replaced by Pioglitazone HCL on the MAR by doctor.	Timetable for Correction: May 15, 2025	
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 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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291	Timetable for Correction: All corrective actions will be completed by May 15th, 2025. Root Cause: AFL provider did not notify QP of medication denial and replacement. Training: Provide one-to-one coaching for the DSP on documentation requirements for medication changes and new medical diagnoses. Management of medications, diagnosis, and all communications regarding client medical condition and medications. QP will review medication administration helpful hints. QP and PD will strongly encourage switch to Tarrytown pharmacy for better wrap around care and communication regarding medications. Retrain in med admin 2 – by April 10th. Retrain on AFL obligation to turn in After Visit Summaries This will be documented on a contractor coaching form. Education: Education for the DSP will occur, inclusive of the DSP participating in Med Admin2 training by April 10, 2025.		

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

Candace Mondragon, CBAS

TITLE

Sr Regional Manager

(X6) DATE

04/04/2025

STATE FORM

6899

CRB

RECEIVED

APR 08 2025

DHSR-MH Licensure Sect

If continuation sheet 1 of 6

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V 291	<p>Continued From page 1</p> <p>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 ensure service coordination was maintained between the facility operator and the qualified professionals responsible for treatment/habilitation for 1 of 2 clients (Client #1). The findings are:</p> <p>Review on 3/11/25 of Client #1's record revealed: -Date of Admission: 5/17/19. -Diagnoses: Borderline Intellectual Functioning, Autism, Enuresis not due to a substance or known physiological condition, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Personal history of other mental or behavioral disorders with history of Attention Deficit Hyperactivity Disorder, and Type 2 Diabetes. -Physician's order dated 3/3/25: Test blood sugar (accuchecks) three times daily as needed (PRN). -Physician's order dated 1/24/25: Farxiga 10 milligrams (mg) 1 by mouth (PO) daily (diabetes). -No documentation to indicate Farxiga had been discontinued by a physician.</p> <p>Review on 3/11/25 and 3/17/25 of Client #1's MARs dated 1/1/25-3/17/25 revealed: -Farxiga was not transcribed onto the January, February or March 2025 MARs and there was no documentation Farxiga had been administered to Client #1 as ordered by the physician.</p>	V 291	<p>Disciplinary Action: Disciplinary action will occur for the DSP for failing to follow processes regarding medication administration and reporting of medication changes and medical diagnosis.</p> <p>Audit Feedback: Med review tools completed monthly for both clients in this home.</p>	

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V 291	<p>Continued From page 2</p> <p>Interview on 3/18/25 with Client #1 revealed: -His medications were administered by Alternative Family Living (AFL) staff.</p> <p>AFL Provider was unavailable for interview due to being out of the country during the survey.</p> <p>Interview on 3/18/25 with the Registered Nurse (RN) revealed: -"The AFL DSP (Direct Support Provider) is to report all med (medication) changes and adjustments to the QP (Qualified Professional) when it occurs."</p> <p>Interview on 3/11/25 with the QP revealed: -Responsible for reviewing client MARs for accuracy. -Client #1 was not currently prescribed any medications for diabetes.</p> <p>Interview on 3/18/25 with the QP revealed: -"[AFL Provider] went out of the country at the beginning of the month (March 2025) and will resume his services on April 2nd (2025)." -"Normally I am notified of changes, but if he (AFL Provider) doesn't notify me, I find out from the MAR when there are changes." -"Found out about the med (medication) issue with [Client #1] towards the end of February (2025) when I went for a routine monitoring of seeing [Client #1] out in the community ...[AFL Provider] was already out of the country when I tried to get in contact with him. Normally he is good about updating me." -Contacted Client #1's physician on 3/14/25 regarding the order for the blood sugar monitoring which had been written as "three times a day as needed" on 1/24/25. -Client #1's physician advised the order should have been written as three times per day and as</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>needed.</p> <p>-Was unaware the order for blood sugar monitoring existed until early March 2025 when the AFL Provider submitted his "January paperwork" before he left the country for the month.</p> <p>-Could not explain why she did not have the information immediately when the order was written, or why the order was not clarified immediately.</p> <p>-Could not identify what contact was made with the physician regarding the Farxiga not being covered by insurance, or what medication was prescribed substituted in its place.</p> <p>-Expected to receive a letter from Client #1's physician yesterday (3/17/25) explaining the blood sugar monitoring order and to clarify which medications Client #1 should be receiving.</p> <p>-She had not received the letter on 3/17/25 from the physician as expected because the physician was attending a funeral.</p> <p>-Planned to "follow up a lot closer" with the AFL Provider and planned to attend Client #1's future medical appointments.</p> <p>-AFL Provider would be retrained on medication administration.</p> <p>Review on 3/18/25 of Client #1's Physician Progress Note dated 3/7/25 received from the QP on 3/18/25 revealed:</p> <p>-Client #1 "has shown remarkable improvement of diet and life style modifications to assure success of therapy and control of blood sugar levels. Associated features included resolved glucosuria and skin improvement of tension and turgor ...congratulatory applaude (applaud) was given to pt (patient/Client #1) as well as care giver ..."</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>Interview on 3/18/25 with the physician revealed: -Client #1's insurance would not cover the cost of Farxiga. -Metformin was ordered in place of Farxiga.</p> <p>Interview on 3/18/25 with Program Director #1 revealed: -"The QP is responsible for the oversight of the home (AFL) and the medication distribution and the MARs." -Protocol was for the QP to compare the physician's orders to the clients' medications and MARs during each on site visit to the AFL. -If prescribed medications could not be obtained from the pharmacy, the expectation was for the physician to be notified and a discontinued (d/c) order to be placed on file. -The AFL provider did not notify the QP that Client #1's Farxiga could not be obtained. -There was no confirmation that the AFL provider had been instructed to check Client #1's blood sugar three times each day and PRN. -"We (Licensee) are willing to go to the physician appointments if needed."</p> <p>Interview on 3/18/25 with Program Director #2 revealed: -"By the time [QP] noticed the error (no d/c order for Farxiga), [AFL Provider] had already gone out of the country." -Might require AFL providers to submit physician's orders right away instead of at the end of each month.</p> <p>Interview on 3/18/25 with the Senior Regional Manager revealed: -"It is the AFL DSP's role to report medication changes to the QP." -"AFL providers should communicate back with the doctor about any obstacles and insurance</p>	V 291			

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KANDAKAI HOME

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V 291	Continued From page 5 denials, or anything like that." -The Licensee offers "RN open rooms" for AFL providers to consult with a clinical team to assist with medication management and physician's orders. -The QP attended an RN open room after she discovered Farxiga had been ordered for Client #1 and was not listed on the MARs. - "During the RN open rooms, the RN also reaches out to the doctors and pharmacies to gain clarity, and they would have caught that scenario of just having PRN accu-checks." -The AFL provider would be retrained.	V 291		