

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENYA AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479
--	---

(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 survey was completed 03/27/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</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>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENYA AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479
--	---

(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	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 2 clients audited who received medications (client #2). The findings are:</p> <p>Review on 3/27/18 of client #2's record revealed: -45 year old male admitted 11/01/10. -Diagnoses included intellectual developmental disabilities, severe; cerebral palsy; chronic deep vein thrombosis; depression; chronic urinary tract infection; colostomy; skin ulcer; limited skin breakdown. -Orders dated 11/27/17 and 2/19/18 for Vitamin D3 1000 units daily. (dietary supplement) -Ketoconazole 2% to be applied to affected area twice daily. (used to treat fungal infections of the skin) -11/27/17 MD summary documented client #2 had break down reported by the Licensee and was treated successfully with Ketoconazole cream.</p> <p>Review of MARs from January, February, and March 2018 revealed: -Order for Ketoconazole 2% had not been transcribed onto the MARs. -Vitamin D3 1000 units daily not documented.</p> <p>Observations on 3/27/18 at 11:45 am of client #2's medications on hand revealed: -No Ketoconazole 2% on hand. -Vitamin D3 2000 units on hand.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENYA AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479
--	---

(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	<p>Continued From page 2</p> <p>-No Vitamin D 1000 units on hand.</p> <p>Interview on 3/27/18 of Staff #2 revealed:</p> <p>-She worked almost every day in the morning and evening.</p> <p>-Client #2 did not have any rashes in his groin area currently. If he developed a rash or dry skin she applied Neosporin or A&D ointment.</p> <p>-She had never seen Ketoconazole 2% cream for client #2.</p> <p>-She had administered some non-prescription medications that were were not documented on the MARs.</p> <p>-She administered Fish Oil at night and Vitamin D 3 every morning to client #2. Neither were on the MARs.</p> <p>-If the client needed a non-prescription medication, like Tylenol, she would call the Licensee for approval before administering the medication. She would not document these medications on the MAR.</p> <p>Interview on 3/27/18 the Licensee stated:</p> <p>-She did not realize until she pulled client #2's vitamin D3 during survey that she had purchased Vitamin D 3 2000 units. She would estimate he had received this dosage for about 1 month.</p> <p>-The Ketoconazole 2% was used for client #2's groin rash. It was understood to be a PRN (as needed) medication. He currently did not have a rash that required the medication.</p> <p>-She called the pharmacy to clarify the Ketoconazole 2% prescription (ordered routine or PRN) and was told they did not have a prescription on file. She was sure she had gotten it filled at this pharmacy in the past.</p> <p>-When the surveyor requested copies of the October and November 2017 MARs to review Ketoconazole documentation, the Licensee stated the Ketoconazole had not been transcribed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENYA AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479
--	---

(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	<p>Continued From page 3 or documented on past MARs.</p> <p>The Licensee called the physician's office and requested a new prescription for client #2's Ketoconazole 2% cream.</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		