

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1013-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/27/2018
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NAME OF PROVIDER OR SUPPLIER WINDEMERE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2158 WINDEMERE DRIVE KANNAPOLIS, NC 28083
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 3-27-18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Mental Illness</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</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that medications were only self-administered with a physicians order and and medications were given according o physicians orders, effecting one of three clients (client #3). The findings are:</p> <p>Review on 3-27-18 of client #3's record revealed: -No order to self-administer medications signed by the physician</p> <p>Review on 3-27-18 of physicians orders for client #3 dated 3-2-18 revealed: -Benzonatate 200 mg 3 times a day for 7 days, Doxycycline Hyclate 100 mg twice a day for 14 days, and Prednisone 20 mg three pills once a day for 3 days, two pills once a day for three days and one pill once a day for 3 days.</p> <p>Review on 3-27-18 of client #3's MAR for march 2018 revealed: -Benzonatate 200 mg 3 times a day for 7 days: client took the pill at 8 am, 4 pm and 8 pm. client #3 did not sign MAR for 4:00 pm on the 12th or 8 pm on the 12th. - Doxycycline Hyclate 100 mg twice a day for 14 days; Client #3 documented she had self administered the medicine 8 am on the 6th - the 9th, 4 pm on the 5th through the 18th 8 pm 5th , 6th and 7th, 10th, 12-18 - Prednisone 20 mg three pills once a day for 3 days, two pills once a day for three days and one pill once a day for 3 days documented as</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>being administered 4 pm -5-14, 8 am 6-12th, on another line 10-12, 14.</p> <p>Interview on 3-27-18 with client #3 revealed: -She was independent in taking her medications, and kept her own MAR -She went to the doctor because she was sick and got new prescriptions -Staff had wrote the medicine on the MAR for her and told her where to start and end. -She had been confused about when she was supposed to take the medication. -She had taken all of the medication and did feel better.</p> <p>Interview on 3-27-18 with the facility manager revealed: -Client #3 was independent in taking her medications -She thought there was a physicians order in her record that stated she could do that.</p> <p>Interview on 3-27-18 with the Qualified Professional revealed: -She did not know where the order to self-administer medications was. -They would make sure they got one as soon as possible. -When client #3 got short term medication, the staff might have to help her with them.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</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 review and interviews the facility failed to ensure coordination was maintained between the facility operator and qualified professionals are responsible for treatment effecting 2 of 3 clients (clients #2 and #3). The findings are:</p> <p>Finding #1</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>Review on 3-27-18 of client #2's record revealed: -Doctors order dated 9-7-17 revealed: "Pt (patient) has gross on teeth #14 and #15 teeth are hopeless and need to be extracted. Roots are in sinus cavity. PT referred to oral surgeon for extraction." -No documentation of client #2 going to oral surgeon.</p> <p>Interview on 3-27-18 with the facility manager revealed: -Client #2's parents/guardian didn't want to pay for the oral surgeon. -She didn't realize it was an actual order, she thought "it was a suggestion." -They would look into getting the funds to have his teeth taken care of.</p> <p>Interview on 3-27-18 with the Qualified Professional revealed: -She was unaware that client #2 needed his teeth extracted. -They would get it done as soon as possible, and if the provider had to supply funds, that is what they would do.</p> <p>Finding #2</p> <p>Review on 3-27-18 of client #3's record revealed: -Client #3 went to an urgent care 3-2-18 and was diagnosed with acute bacterial sinusitis -Physicians order dated 3-2-18 revealed: "f/u (follow up) with pcp (primary care physician) 2 to 3 days. Take pt (patient) to ER (emergency room) if gets worse." -No documentation of client #3 going to her primary physician.</p> <p>Interview on 3-27-18 with client #3 revealed: -She had gotten sick and staff had taken her</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>to the doctor. -She felt better now. -She had not gone back to her primary care physician.</p> <p>Interview on 3-27-18 with the Qualified Professional revealed: -She didn't know why client #3 had not gone back to the doctor. -They would address this with all staff about the importance of following through with physicians orders.</p>	V 291		