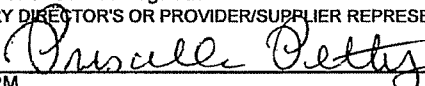
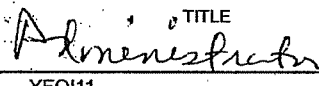


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST MARK'S MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3735 HERITAGE MEADOW LANE HOLLY SPRINGS, NC 27540</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 4/10/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>APR 20 2018</b></p> <p style="text-align: center;"><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE <b>4-20-18</b>
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Division of Health Service Regulation

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V 118	Continued From page 1  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs for 2 of 3 audited clients (#1 and #3). The findings are:  Review on 4/9/18 of client #1's record revealed: - Admission date: 11/2002 - Diagnoses: Severe Mental Retardation, Bipolar, Seizure Disorder, Psychotic Disorder, Autism, Recurrent UTI (Urinary Track Infection) and Gall Bladder Disorder - Physician's order dated 1/22/18 Cetirizine (used to treat hay fever, and allergy symptoms) 10 mg 1 tablet by mouth at bedtime - February 2018 MAR: No transcription for Cetirizine  Interview on 4/9/18 with staff #1 revealed: - She wasn't aware client #1 had an order for Cetirizine - The medication wasn't sent to the facility by the pharmacy therefore it wasn't administered in January or February  Interview on 4/10/18 with the Owner revealed: - There was some discrepancies regarding client #1's Cetirizine when she went into the hospital - The issue has been straightened out and client #1 is receiving the Cetirizine  Review on 4/5/18 of client #3's record revealed: - Admission date: 5/2000	V 118	<i>In reference to V118 The administrator will verify with doctor and pharmacy that all medications are current, indicated on MAR and in the facility at least once a month to remain in compliance.</i>	4-10-18

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V 118	Continued From page 2 - Diagnoses: Moderate Mental Retardation, Diabetes - Type 2, Hypertension, Asthma, Restrictive Lung Disorder, Blindness, Anxiety and Decreased Hearing - Physician's order dated 3/6/18: Clonazepam (used to treat Panic and Anxiety Disorder) 1 tablet by mouth twice daily as needed  Observation on 4/5/18 at 2:30 pm of client #3's medications revealed: - No evidence of Clonazepam on site  Interview on 4/5/18 with staff #1 revealed: - Client #3's Clonazepam has been ordered and should be delivered by the pharmacy soon  Interview on 4/10/18 with the Owner revealed: - He confirmed client #3's Clonazepam had been ordered	V 118	<i>In reference to V118 The administrator will check all prescriber they are available on site at least once a month to remain in compliance.</i>	<i>4-10-18</i>
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug regimen review was completed at least every 6 months for 3 of 3 clients (#1 - #3). The findings are:</p> <p>Review on 4/9/18 of client #1's record revealed: - Admission date: 11/2002 - Diagnoses: Severe Mental Retardation, Bipolar, Seizure Disorder, Psychotic Disorder, Autism, Recurrent UTI (Urinary Track Infection) and Gall Bladder Disorder - Drug Regimen 9/22/17 - 4/9/18 included: Latuda (used to treat Schizophrenia), Fluoxetine (used to treat Depression, Obsessive Compulsive Disorder and Panic Disorder) and Lorazepam (used to treat anxiety) - No evidence of a 6 month drug review</p> <p>Review on 4/5/18 of client #2's record revealed: - Admission date: 11/2003 - Diagnoses: Mild Mental Retardation, Hyperlipidemia, Hypothyroidism and GERD (Gastroesophageal Reflux Disease) - Drug Regimen 10/21/16 - 4/5/18 included: Quetiapine (used to treat Schizophrenia, Bipolar and Depression) - No evidence of a 6 month drug review</p> <p>Review on 4/5/18 of client #3's record revealed: - Admission date: 5/2000 - Diagnoses: Moderate Mental Retardation, Diabetes - Type 2, Hypertension, Asthma, Restrictive Lung Disorder, Blindness, Anxiety and Decreased Hearing - Drug Regimen 3/3/17 - 4/5/18 included Clonazepam (used to treat Panic Disorder and Anxiety) - No evidence of a 6 month drug review</p>	V 121	<p>① In reference to V121 Administration will ensure drug reviews are conducted every 6 months as required to remain in compliance.</p> <p>② In reference to V121 Administration will ensure drug reviews are conducted every 6 months to remain in compliance.</p> <p>③ In reference to V121 Administration will ensure drug reviews are conducted every 6 months as required to remain in-compliance.</p>	<p>4/30/18</p> <p>4/30/18</p> <p>4/30/18</p>

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V 121	Continued From page 4  Interview on 4/5/18 with staff #1 revealed: - The facility had recently changed pharmacy's - She's contacted the pharmacy and they're going to send someone to complete the drug regimens for all clients  Interview on 4/10/18 with the Owner revealed: - He's aware the drug reviews had not been completed - They've contacted the pharmacy and someone will be out to the home to complete the drug reviews next week	V 121	<i>In response to V121 Administration will ensure drug review is conducted to remain in compliance.</i>	4-30-18