

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-270 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 04/17/2018 |
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| NAME OF PROVIDER OR SUPPLIER GRACE | STREET ADDRESS, CITY, STATE, ZIP CODE 1290 MARK EDWARDS ROAD GOLDSBORO, NC 27534 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 and Type A2 was completed on April 17, 2018. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) and 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537) were reviewed for compliance. The following was brought back into compliance: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). A deficiency was 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>27G .0209 (C) Medication Requirements</p> <p>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;</p> | V 118 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 118 | <p>Continued From page 1</p> <p>(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 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, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#2 and #4). The findings are:</p> <p>Finding #1: Review on 04/16/18 of client #2's record revealed: - 40 year old male. - Date of admission 11/07/17. - Diagnoses of Bipolar Disorder with Severe Psychotic Features, Mild Intellectual Developmental Disability (IDD), Intermittent Explosive Disorder, Hypertension, Allergic Rhinitis, Dermatitis and Gastroesophageal Reflux Disorder.</p> <p>A. Review on 04/16/18 of a signed "Physician Office Visit" form for client #2 dated 08/24/17 revealed: - "Dry Eye Syndrome (caused by a chronic lack of sufficient lubrication and moisture on the surface of the eye) OU (both eyes)."</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>- "Artificial Tears (lubricant for dry eyes) 1 drop BID (twice daily) OU."</p> <p>Review on 04/16/18 of client #2's March 9, 2018 thru April 16, 2018 MARs revealed no transcribed entry for Artificial Tears.</p> <p>Observation on 04/16/18 at approximately 2:50pm of client #2's medications revealed no Artificial Tears available for administration.</p> <p>B. Review on 04/16/18 of a signed "Physician Office Visit" form for client #2 dated 01/19/18 revealed:</p> <p>- Progress Notes/Findings: Start Bactroban (Mupirocin-antibiotic that prevents bacteria from growing on the skin)."</p> <p>Review on 04/16/18 of client #2's March 9, 2018 thru April 15, 2018 MARs revealed the following:</p> <p>- "Mupirocin 2% ointment Bactroban 2% ointment apply topically to affected area(s) twice daily **No Refills**."</p> <p>- Staff initials to indicate the Bactroban was applied twice daily.</p> <p>Observation on 04/16/18 at approximately 2:50pm of client #2's medications revealed no Bactroban available for administration.</p> <p>Interview on 04/16/18 client #2 stated:</p> <p>- He received his medications daily.</p> <p>- He did not receive an eye drop.</p> <p>- He was supposed to be receiving glasses soon.</p> <p>Interview on 04/16/18 staff #1 stated:</p> <p>- She started working at the facility on 03/19/18.</p> <p>- No Bactroban had been at the facility since she started working at the facility.</p> <p>- She was told by the agency medical coordinator</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>to use the hydrocortisone cream (topical steroid used to treat skin inflammation) for the Bactroban.</p> <p>Finding #2 Review on 04/16/18 of client #4's record revealed: - 38 year old male. - Admission date of 07/10/17. - Diagnoses of Schizophrenia, Moderate Intellectual, Diabetic, Hypertension, Hyperlipidemia, Hypothyroidism, Anemia.</p> <p>Review on 04/16/18 of Client #4's FL2 signed by the physician dated 07/13/17 revealed: - Januvia 100mg (oral diabetes medicine that helps control blood sugar levels) Take 1 tablet by mouth everyday.</p> <p>Review on 04/16/18 of a Physician Order dated 12/14/17 for client #4 revealed: - D/C (discontinue) Januvia 100mg.</p> <p>Review on 04/16/18 of client #4's March 2018 MAR revealed: - Januvia 100mg transcribed by the Pharmacy and handwritten next to the name of the medication was D/C.</p> <p>Review on 04/16/18 of client #4's April 2018 MAR revealed: -Januvia 100mg transcribed by the Pharmacy and initials on April 1-2 marked out by staff and "error" written below.</p> <p>Observation on 04/16/18 at approximately 2:50pm of client #4's bubble pack of Januvia revealed two pills were missing and initials and dates of 4/15/18 and 04/16/18 were transcribed next to the missing pills.</p> | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>Interview on 04/16/18 client #4 was not familiar with any of his medications and stated he received his medication daily.</p> <p>Interview on 04/16/18 staff #1 stated:</p> <ul style="list-style-type: none"> - She did "pop" the Januvia out of the bubble pack that morning. - She did not give client #4 the medication because she realized it was discontinued. - She flushed the pill down the toilet. - She was not aware if the staff (#3) the day before had given client #4 the medication. - She was going to turn the medication in back to the office since it was discontinued. - Qualified Professional (QP)/Clinical Director did the training and she began working in the home to monitor the medication and MARS. <p>Attempted interview on 04/16/18 by phone was made to staff #3. Was unable to leave voice message due to his voice mail not being set up and no return call was made.</p> <p>Interview on 04/16/18 the QP/Clinical Director stated:</p> <ul style="list-style-type: none"> - He did not know why the eye drops for client #2 had not been administered or available. - He understood staff could not substitute a medication without a doctor's order. - He had talked to the staff over and over about medication errors. <p>Review on 04/16/18 of the Plan of Protection dated 02/09/18 from the survey completed 02/13/18 revealed: "5.) Staff will have medication re-training regarding documentation."</p> <p>Review on 04/16/18 of the staff training dated</p> | V 118 | | |

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| V 118 | <p>Continued From page 5</p> <p>02/22/18 and completed by the Clinical Director from the 02/13/18 survey revealed: "-MARS: Medication Administration Records 1. MARS are a mess and in violation of company and state regulations. 2. No excuses for all the gaps/no initials in documentation 3. IF it's not documented, it appears it was not given, report med errors to lead immediately and call the pharmacy ([Pharmacy] phone number on bubble packs) document med error and Pharmacist or Physician response on Level 1 incident report form. 4. Signature and initials must be written on back of MAR 5. Discipline up to termination will occur if staff fail to document medication pass on MAR..."</p> <p>Review on 04/16/18 of the QP/Clinical Director's record revealed he is not a Registered Nurse or Pharmacist therefore unable to conduct the MAR/Refresher course training.</p> <p>Review on 04/16/18 of the Plan of Protection dated 04/16/18 and completed by the QP/Clinical Director revealed: "-What immediate action will the facility take to ensure the safety of the consumers in your care? -Mandatory medication administration training (re-fresher) on 04/23/18 for all Grace employees. -CMA(Certified Medical Technician)/Residential Supervisor will monitor MAR pass to insure procedures are followed correctly. -CMA/House Managers will go over all medications from [Pharmacy] to ensure accuracy of medications and MAR's documentations. -[Pharmacist] will be here to conduct a complete medication review on 04/17/18. -Describe your plans to make sure the above happens.</p> | V 118 | | |

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| V 118 | <p>Continued From page 6</p> <p>-All staff employed at Grace will be required to participate in medication refresher training quarterly regardless of any problems/error. -[Licensee] will coordinate with Pharmacist more/increased frequency of chart reviews to eliminate errors/D/C medications."</p> <p>A Type A1 violation had been cited on 02/13/18. Upon follow up the processes and systems for medication administration continue to be deficient. Client #2 had eye drops ordered on 08/24/17 and there were no eye drops available nor documentation of administration since prescribed. Client #2 had also been prescribed Bactroban ointment which contains an antibacterial agent to treat skin infections. No Bactroban was available for administration however staff had initialed the MAR to indicate administration had been completed twice daily. Furthermore staff had been instructed to use a hydrocortisone cream which is not comparable to the Bactroban. The refresher training in medications had been conducted by the QP/Clinical Director. The QP/Clinical Director is not qualified to provide medication training to unlicensed persons. The fact of the ongoing system failures with medication administration and the lack of appropriate medication administration refresher training has resulted in the continuation of the Type A1 deficiency. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p> | V 118 | | |