Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL012-019 | A. BUILDING: ______ B. WING ______ | R 04/20/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SCI-EMERGENT NEED RESPITE CENTER | 101 POPLAR STREET MORGANTON, NC 28655 |

| (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 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on 4/20/18. A deficiency was cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for All Disability Groups. | V 000 | | |
| V 123 | 27G .0209 (H) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.<br>.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to immediately notify a physician or pharmacist of medication errors for 1 of 3 sampled clients (Former Client (FC) #3). The findings are:<br><br>Record review on 4/19/18 for FC #3 revealed:<br>-Admission date of 11/3/17<br>-Discharge date of 3/27/18<br>-Diagnoses of Autism, Severe Intellectual Disability and Intermittent Explosive Disorder.<br><br>Review on 4/19/18 of Internal Incident Reports from 11/27/17-3/24/18 revealed:<br>-7 Medication Error/Level 1 incident reports were | V 123 | | |

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| V 123 | Continued From page 1<br>for FC #3 hiding, refusing or spitting out her medications.<br>-3 of these reports documented proper disposal of medication.<br>-2 of these reports documented notification of the Registered Nurse (RN).<br>-None of the 7 reports noted notification to a pharmacist of physician.<br><br>Interview on 4/20/18 with the Quality Management Manager revealed:<br>-Typically their RN contacted the pharmacy when notified of missed or refused medications.<br>-There was no communication log or documentation from the nurses that a pharmacist or physician was notified.<br>-It had long been the agency policy to contact a pharmacist or physician but he was not sure how that part had gotten dropped. | V 123 | | |