

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUWS OF THE CAROLINA'S, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>363 GRAPHITE ROAD OLD FORT, NC 28762</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>INITIAL COMMENTS</p> <p>An annual survey was completed on April 25, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of all Disability Groups.</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</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interview the facility failed to only administer medications based on the written order of a physician affecting one of three audited clients (Client #1). The findings are:</p> <p>Review on 4/25/18 of Client #1's record revealed: -Date of admission 3/1/18 -14 years old -Diagnoses of Major Depressive Disorder, Social Anxiety Disorder and Parent Child Relational Problems.</p> <p>Review on 4/25/18 of Client #1's March and April 2018 Medication Administration Records revealed: -Multivitamin - 1 everyday - initialed as first given on 3/2/18 -Cranberry Supplement - 1 everyday - initialed as first given on 3/2/18 -Luvox - 100 milligrams 1 and 1/2 tablet at sleep time - initialed as first given on 3/1/18</p> <p>Review on 4/25/18 of Physician's orders for Client #1 revealed: -Multivitamin - 1 everyday -Cranberry Supplement - 1 everyday -Luvox - 100 milligrams 1 and 1/2 tablet at sleep time -The orders were signed 3/6/18, five days after Client #1 was first administered the medications.</p> <p>Interview on 4/25/18 with the Program Director</p>	V 118		

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V 118	Continued From page 2  revealed: -Client #1 was admitted with blank forms. -They discussed the above medications with the physician who verbally said to give the client the medications. -There was no documentation of this verbal order with the physician. -They contacted the physician again on 3/6/18 and he then signed the orders.	V 118		