

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-259</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/01/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GREAT BEND GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2003 GREAT BEND DRIVE<br/>DURHAM, NC 27704</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              | INITIAL COMMENTS<br><br>An annual and follow-up survey was completed on May 1, 2018. There was a deficiency cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities   | V 000         |   |                    |
| V 291              | 27G .5603 Supervised Living - Operations<br><br>10A NCAC 27G .5603 OPERATIONS<br>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or 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.<br>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.<br>(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.<br>(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 | V 291         |   |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 291              | <p>Continued From page 1</p> <p>safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, record review and interviews the facility failed to ensure coordination was maintained between the facility staff, pharmacist and physician's office who are responsible for treatment/habilitation or case management for one of three audited clients (#3). The findings are:</p> <p>Review on 4/25/18 of Client #3's record revealed:<br/>-Admission date of 2/6/13.<br/>-Diagnoses of Schizophrenia, Autistic Disorder, Asthma and Hypertension.<br/>-Physician's order dated 4/15/17 for the following medication: Chlortalidone 25mg tablet.<br/>-Physicians order dated 12/1/17 on letterhead to discontinue Chlortalidone 25mg.</p> <p>Observation on 4/25/18 at 11:00 a.m. of Client #3's medication revealed the following was available:<br/>-Chlortalidone 25mg tablet - 4 tablets left in bubble pack dispensed by pharmacy 4/1/18.</p> <p>Review on 4/25/18 of Client #3's MAR for December 2017 - April 2018 revealed:<br/>-Yellow highlight on December 2017 entry with "d/c 12/1/17."<br/>-There was a yellow highlight drawn through the entry on the Chlortalidone line since December 2017 through April 2017.</p> <p>Interview on 4/25/18 with Client #3 revealed:<br/>-Staff administered his medications.<br/>-He was getting medication for his blood.<br/>-"I thought the doctor stopped it."</p> | V 291         |   |                    |

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| V 291              | <p>Continued From page 2</p> <p>-He was not sure if he was still receiving the medication.</p> <p>Interview on 4/25/18 with the Pharmacist revealed:</p> <p>-Client #3 was prescribed the medication before pharmacy started dispensing.</p> <p>-The pharmacy had been dispensing the medication since 2016.</p> <p>-The pharmacy never received a discontinued order from the physician.</p> <p>-Dispensed the medication every month.</p> <p>-Medication was last dispensed on 4/1/18.</p> <p>Interview on 4/25/18 with the Registered Nurse revealed:</p> <p>-She worked for the group home as the RN.</p> <p>-She confirmed highlighting and writing "DC" on the MAR.</p> <p>-She would not write discontinue without a physician's order.</p> <p>-Client #3 should not have received the medication after 12/1/17.</p> <p>-The medication should not be in the home.</p> <p>-Staff should have returned any unused medication to the pharmacy.</p> <p>-She was not aware the pharmacy did not have the discontinued order.</p> <p>Interview on 4/25/18 with the Human Resource Representative revealed:</p> <p>-The RN worked Part-time for the organization.</p> <p>-The RN was responsible for making weekly or monthly visits to the group home.</p> <p>-The RN was responsible for checking medication and MAR's and complete quarterly physical assessments.</p> <p>-The RN would review medication with the Pharmacist during quarterly reviews.</p> <p>-The RN would attend client meetings and track</p> | V 291         |   |                    |

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| V 291              | Continued From page 3<br>all appointments.   | V 291         |   |                    |