

Division of Health Service Regulation

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
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	<p style="text-align: right;"><i>POC</i> <i>Lic. & Cert. - Mental Health</i> <i>MAY 01 2018</i></p> <ul style="list-style-type: none"> • All staff working at Grace are required to complete Med Administration Refresher training 4/23/18 • CMA/Resident's Supervisor will monitor Med pass @ Grace to insure procedures are followed correctly. 4/25/18 • CMA/ Nurse Manager will Review ALL medications for Grace sent by Blue Ridge to insure accuracy of Medications/ MAR's • Blue Ridge Pharmacist - John Reed completed review of ALL Medications/ orders associated with Grace to insure accuracy 4/17/18 	

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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: - 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: - "Mupirocin 2% ointment Bactroban 2% ointment apply topically to affected area(s) twice daily **No Refills**." - 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: - He received his medications daily. - He did not receive an eye drop. - He was supposed to be receiving glasses soon.</p> <p>Interview on 04/16/18 staff #1 stated: - She started working at the facility on 03/19/18. - No Bactroban had been at the facility since she started working at the facility. - She was told by the agency medical coordinator</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: - 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> <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: - 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> <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 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			