

## Friendly People That Care

### Plan of Correction

Survey completed on 4/5/2018

#### **V II8** 27G .0209 (C) Medication Requirements

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; (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

**Findings-** This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to keep the Medication Administration Record (MAR) current, by recording the administration of medications immediately after they were administered. The findings are:

Review on 4-4-18 of client #1 ' s facility record revealed he was: - admitted 11-9-16 - 32 years old - diagnosed with: - Impulse Control Disorder - Unspecified Psychosis - Gastro-Esophageal Reflux Disease - Intellectual Disability Disorder, Moderate - ordered by a physician on 3-14-18 to take: - levothyroxine, 50 micrograms (mcg) one, daily - olanzapine, 5 milligrams (mg) half tablet, daily - pantoprazole Sodium DR (delayed-release) 40 mg. one daily - sertraline HCL (hydrochloride) 100 mg. one daily - benztropine MES (mesylate) 2 mg. one twice daily - divalproex sodium ER (extended release) 500 mg. one twice daily

Review on 4-5-18 of client #1 ' s MAR revealed his:

- levothyroxine 50 mcg - olanzapine 5 mg - pantoprazole Sodium DR 40 mg - sertraline HCL 100 mg were not documented on the MAR as given on 4-1-18 or 4-2-18. Further review on 4-5-18 of client #1 ' s MAR revealed his (first of two) morning doses of: - benztropine MES 2 mg - divalproex sodium ER 500 mg were not documented as given on 4-1-18.

Interview on 4-5-18 with the Lead Staff #1 for the facility revealed had various duties and responsibilities, to insure the client ' s needs were met. Among these she reported, was to, "over see everything," including that the client ' s, "meds (medications) were given as they were supposed to [be given] and review the MARs."

Interview on 4-5-18 with the Associate Professional (AP) revealed the staff, "on those shifts just missed recording the meds on the MAR." He reported sometimes staff are really busy with the clients and it just slips their mind to fill it out. The AP also reported the house staffing situation has been different lately due to Lead Staff #1 being out of work due to an illness in her family. The AP stated going forward, "staff should contact the house lead, and if they can ' t reach her, they should call me," for any issues such as the previous shift staff not completing the MARs as they were supposed to.

Interview on 4-5-18 with the Residential Director (RD) revealed they were always concerned about the clients getting the proper care and medications recorded. She stated, "the AP as well as myself, we ' ll make sure we double and triple check behind [staff completing the MARs]."

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days

**PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) for V 118**

**TO CORRECT THE DEFICIENCY**--FPTC has implemented a system of checks and balances to "triple check" medications being administered and properly and consistently documented daily.

**TO PREVENT THE PROBLEM**—FPTC has ensured that all group home staff double check after each other at every shift (ending and beginning). Staff will ensure that the previous shift completed MAR's before current staff leave and before beginning their shift. The House Manager will double check all MAR's daily and the AP/QP will monitor at least bi-monthly.

**WHO WILL MONITOR**—FPTC's House Managers, Associate Professional and the Qualified Professional.

**HOW OFTEN**— FPTC's House Managers will monitor the MAR sheets daily. The AP will monitor throughout the month and the QP will monitor at least monthly.