

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/18/2018
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NAME OF PROVIDER OR SUPPLIER A SPECIAL TOUCH II	STREET ADDRESS, CITY, STATE, ZIP CODE 305 SOUTH SMITH STREET BURGAW, NC 28425
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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 and follow up survey was completed on May 18, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 with a physician.</p>	V 118		

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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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medication as prescribed by the physician affecting one of two clients (#2). The findings are:</p> <p>Review on 05/16/18 of client #2's record revealed: - 26 year old male. - Date of admission 10/9/13. - Diagnoses of Mild Mental Retardation, Reactive Attachment Disorder.</p> <p>Review on 05/16/18 of signed physician order for client #2 revealed: 04/09/18 -Thorazine 50mg BID (twice a day) and 2 at night.</p> <p>Review on 05/16/18 of client #2's May 2018 MAR revealed: -Chlorpromaz (Thorazine) 50mg Take one tablet by mouth twice a day 8am and 4pm. -Chlorpromaz 50mg Take 2 tabs (100mg) by mouth at bedtime (8pm).</p> <p>Continued review of the May 2018 MAR revealed no initials for the Thorazine 50mg twice a day at 4pm.</p> <p>Interview on 05/17/18 client #2 revealed: -He received his medication every day.</p> <p>Interview on 05/16/18 staff #1 revealed: -The physician changed the order for Thorazine at client #2's last appointment and took away the</p>	V 118		

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V 118	Continued From page 2 4pm dose. -He would take client #2 back to the physician to get clarification for the order. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		