

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
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NAME OF PROVIDER OR SUPPLIER HOFFMAN	STREET ADDRESS, CITY, STATE, ZIP CODE 1482 HOFFMAN ROAD GASTONIA, NC 28054
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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 5-21-18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose primary Diagnosis is a Developmental Disability.</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 interviews and observations the facility failed to ensure that medications were administered properly, effecting one of three client (client #1). The findings are:</p> <p>Review on 5-21-18 of client #3's medication orders signed 3-29-18 revealed: -Diazepam 5 mg. One tablet by mouth twice daily as needed for anxiety.</p> <p>Review on 5-21-18 of client #3's medication revealed: -Diazepam 5 mg, dispensed 6-29-16 -Expiration date 6-29-17.</p> <p>Review on 5-21-18 of client #3's MAR for may 2018 revealed: -Client #3 reviewed Diazepam 5 mg on May 11 and May 13.</p> <p>Interview on 5-21-18 with facility manager revealed: -She didn't know why the expired medication was being given to client #3 -"I'm guessing it was just an oversight." -"It just fell through the cracks" -They do go through the medications weekly to make sure they are correct.</p> <p>Interview on 5-21-18 with the Qualified Professional revealed: -She didn't know how fact the the medication was expired could have ben overlooked.</p>	V 118		

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V 118	Continued From page 2 -She does know that the facility manager checks the medications regularly.	V 118		