

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-476</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EASTER SEALS UCP-ZEBULON GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 EAST LEE STREET ZEBULON, NC 27597</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on May 7, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>MAY 22 2018</b></p> <p style="text-align: center;"><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Tomoka Savage*

TITLE  
Program Manager

(X6) DATE  
5-20-18

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>EASTER SEALS UCP-ZEBULON GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 EAST LEE STREET ZEBULON, NC 27597</b>
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician for one of five clients (#5). The findings are:</p> <p>Review on 5/4/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted to the facility on 5/1/93</li> <li>- diagnoses of Mild Intellectual Disability Disorder; Acute Lymphocytic; Epilepsy and Spastic paralysis</li> <li>- FL2 dated 8/7/17: Carbamazepine 200mg at morning and lunch 400mg dinner (can treat seizures...) and Piroxicam 5mg everyday (can treat pain)</li> </ul> <p>Review on 5/4/18 of the March, April and May 2018 MAR for client #5 revealed:</p> <ul style="list-style-type: none"> <li>- Carbamazepine 200mg was administered three times a day</li> <li>- Piroxicam 10mg was administered daily</li> </ul> <p>Observation on 5/4/18 at 1:42pm of client #5's medications revealed:</p> <ul style="list-style-type: none"> <li>- the Carbamazepine medication label revealed 200mg three times a day</li> <li>- the Piroxicam medication label revealed 10mg everyday</li> </ul> <p>During interview on 5/7/18 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- client #5 has been on the same medications for the last 3 years he (QP) been there</li> <li>- he contacted the pharmacy for changes in physician orders and they faxed over the 8/7/17</li> </ul>	V 118	<p>Group home manager will provide the parent/guardian/family or staff with a Physician's Summary form to have Physician to complete during every doctor's appointment. The purpose of this form is to have accurate information inside the home in regards to the consumer and their medications and any doctor instructions to assist with their care. We will also utilize the coordination of care log to document follow through with doctors, pharmacy, family members and etc. Please see attachments for forms.</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>EASTER SEALS UCP-ZEBULON GROUP HOMI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 EAST LEE STREET ZEBULON, NC 27597</b>
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V 118	<p>Continued From page 2</p> <p>FL2</p> <ul style="list-style-type: none"> <li>- client #5's mother attend most physician appointments with him</li> <li>- he will follow up with client #5's mother to see if there was any changes in his medications</li> <li>- he would notify the surveyor by the close of day on 5/7/18</li> </ul> <p>*surveyor did not receive any additional information in regards to the Carbamazepine and Piroxicam.</p>	V 118		



Name: [REDACTED]

## Med list

To:

From:

Kelly Barris, LPN

Received:

5/7/2018 12:03 PM EDT

Generic Name Brand Name Tablet Size Instructions for use

baclofen (tablet) LIORESAL 10 MG Take 10 mg by mouth Two (2) times a day (8am and 8pm). 1/2 tab in noon and dinner

betamethasone/propylene glyc (Lotion) DIPROLENE 0.05 % Apply topically Two (2) times a day. For rash upper back

calcium phosphate trib/vit D3 (tablet, chewable) calcium phosphate-vitamin D3 250 mg calcium- 500 unit Chew 2 mg Two (2) times a day. 2 GUMMIES BID

carbamazepine (tablet extended release 12 hr) TEGretol XR 200 MG Take 200 mg by mouth Three (3) times a day.

chlorpheniramine/dextromethorp Take by mouth. Every 6 hours for cough

dicloxacillin sodium (capsule) DYNAPEN 250 MG 2 tabs qid for ten days prn skin infection

divalproex sodium (tablet extended release 24 hr) DEPAKOTE ER 250 MG Two tablets daily (at night).

famotidine (Suspension) PEPCID 40 mg/5 mL (8 mg/mL) Take 40 mg by mouth Two (2) times a day. Takes in Tablet form.

guaifenesin (Liquid) ROBITUSSIN 100 mg/5 mL Take 200 mg by mouth Three (3) times a day as needed for cough.

ibuprofen (tablet) ADVIL, MOTRIN 200 MG Take 200 mg by mouth every six (6) hours as needed for pain.

Lactobacillus acidophilus Take 1 tablet by mouth Two (2) times a day.

lactose-reduced food (Liquid) food supplement, lactose-reduced 0.04-1.05 gram-kcal/mL Frequency: TAKE 240 ML Daily  
Dosage: 0.0 Instructions: Note:

lamotrigine (tablet) LaMICtal 200 MG Take 200 mg by mouth Two (2) times a day. 1/2 TAB IN AM 1 IN PM

loperamide HCl (capsule) IMODIUM 2 mg Take 2 mg by mouth 4 (four) times a day as needed for diarrhea.

loperamide HCl (tablet) IMODIUM A-D 2 mg Frequency: TAKE 1 TABLET 4 times daily PRN loose stools Dosage: 0.0  
Instructions: Note:*over*

5/7/2018

My UNC Chart - Inbox

multivitamin (tablet) TAB-A-VITE/THERAGRAN Take 2 tablets by mouth Two (2) times a day. 2 ONE A DAY GUMMY VITAMINS QD

mupirocin (Ointment) BACTROBAN 2 % Apply tid as needed up to two weeks.

piroxicam (capsule) FELDENE 10 MG Take 10 mg by mouth daily. Takes at noon.

pseudoephedrine HCl Take by mouth. PRN

psyllium husk (capsule) METAMUCIL 0.52 gram Frequency:TAKE 2 CAPSULES BY MOUTH DAILY. (\*) Dosage:0.0 Instructions:  
Note:

solifenacin succinate (tablet) VESICARE 5 MG Take 10 mg by mouth daily. ONE TABLET Tuesday AND Thursday ONLY

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**Individual Name:** \_\_\_\_\_

**Medical Record #:** \_\_\_\_\_

Date & Time	Professional Contact	Reason	Medication / Pharmacy	Name of Staff Completing Form	Staff Reviewing Form
			<input type="checkbox"/> New Medication Ordered <input type="checkbox"/> Medication Change Ordered <input type="checkbox"/> Medication Discontinued <input type="checkbox"/> Medication ordered from Pharmacy <input type="checkbox"/> Pharmacy contacted for follow up. <input type="checkbox"/> Medication received <input type="checkbox"/> Not Applicable		
			<input type="checkbox"/> New Medication Ordered <input type="checkbox"/> Medication Change Ordered <input type="checkbox"/> Medication Discontinued <input type="checkbox"/> Medication ordered from Pharmacy <input type="checkbox"/> Pharmacy contacted for follow up. <input type="checkbox"/> Medication received <input type="checkbox"/> Not Applicable		
			<input type="checkbox"/> New Medication Ordered <input type="checkbox"/> Medication Change Ordered <input type="checkbox"/> Medication Discontinued <input type="checkbox"/> Medication ordered from Pharmacy <input type="checkbox"/> Pharmacy contacted for follow up. <input type="checkbox"/> Medication received <input type="checkbox"/> Not Applicable		
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			<input type="checkbox"/> New Medication Ordered <input type="checkbox"/> Medication Change Ordered <input type="checkbox"/> Medication Discontinued <input type="checkbox"/> Medication ordered from Pharmacy <input type="checkbox"/> Pharmacy contacted for follow up. <input type="checkbox"/> Medication received <input type="checkbox"/> Not Applicable		

**Site Location:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Site Phone Number:** \_\_\_\_\_

**Individual's Name:** \_\_\_\_\_

**Record #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Reason for Visit:** \_\_\_\_\_

**Physician's orders:**

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**New, Changes, or Discontinuation of Prescriptions:**

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**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_