

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/22/2018 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER LYNN HYDE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 208 TAYLORS CREEK ROAD ANDREWS, NC 28901 |
|---|--|

| (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 5/22/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</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 _____

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/22/2018 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER LYNN HYDE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 208 TAYLORS CREEK ROAD ANDREWS, NC 28901 |
|---|--|

| (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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 2 of 3 sampled clients (Client #1 and Client #2). The findings are:</p> <p>Record review on 5/22/18 for Client #1 revealed: -Admission date of 11/1/14 with diagnoses of Mild Intellectual Disability, Prader Willi Syndrome, Disruptive Behavior Disorder and Obesity. -Physician ordered medications included: -Geodon 80mg 1 cap twice daily for behaviors. Review on 5/22/18 of March-May 2018 MARs revealed: -Geodon 80mg was initialed as administered at 8pm in March on duplicate entries on MAR. -Geodon 80mg 2 caps at bedtime was initialed as administered in April and May MARs.</p> <p>Record review on 5/22/18 for Client #2 revealed: -Admission date of 11/1/14 with diagnoses of Mild Intellectual Disability, Seizure Disorder, Hypothyroidism, Anxiety Disorder and Osteoporosis. -Physician ordered medications included: -Phenytoin Sodium 100mg 3 times daily for seizures. -Caltrate 600 + D3 daily for bone health. -Vitamin-D2 1.25mg 1 cap twice a week on Tuesdays and Fridays. -Forteo 20mcg daily injection for osteoporosis. Review on 5/22/18 of March-May 2018 MARs</p> | V 118 | | |

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/22/2018 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER LYNN HYDE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 208 TAYLORS CREEK ROAD ANDREWS, NC 28901 |
|---|--|

| (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 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Phenytoin Sodium was initialed as administered 2 tabs in AM and 1 tab in PM, March 1-May 22 on MARs. -Caltrate was initialed as administered twice daily March 1-May 22 on MARs. -Vitamin D2 was blank for all of April. -Forteo was blank for March-May on MARs. <p>Interview on 5/22/18 with AFL Caregiver revealed:</p> <ul style="list-style-type: none"> -She typed her own MARs each month for her clients. -Client #1's Geodon error was her mistake. -Client #2 got 2 tabs of Phenytoin Sodium in AM because her day program required clients to be independent in administering their own meds and Client #2 could not. The Physician's Assistant (PA) told her giving it that way was ok but did not write it down. -The PA also told the AFL caregiver to give 2 Caltrate chewables but did not write it down. -The Vitamin D2 was given as ordered just not recorded. -The Forteo was denied by Medicaid and Medicare although the nurse in the doctor's office told AFL caregiver they would order something else if insurance continued to refuse. She also reported they had 2 Medicaid numbers for Client #2 which could have been the problem all along. | V 118 | | |