

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LILLEY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12430 CLACKWYCK LANE</b> <b>CHARLOTTE, NC 28262</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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/18/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F 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 with a physician.</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>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current, medications administered were recorded immediately after administration and medications were self-administered by clients only when authorized in writing by the client's physician affecting 1 of 2 clients (#2). The findings are:</p> <p>Review on 5/14/18 of client #1's record revealed: -admission date of 6/17/13 with diagnoses of Schizophrenia, Hypothyroidism, Chronic Renal Disease, Diabetes, Asthma, Sleep Apnea, Hypertension, Hepatitis C, Antisocial Personality Disorder, Cocaine Dependency, Mood Disorder, Intellectual Developmental Disability-Mild; -physician's order dated 6/27/17 for Combivent Inhaler 20mcg use four times a day, Protonix 40mg one tablet daily and Synthroid 50mcg one tablet daily; -no current self administer order present in the record for client #1 to use Combivent Inhaler 20mcg use four times a day.</p> <p>Observation on 5/17/18 at 3:30pm of client #1's medications on site revealed: -Protonix 40mg one tablet daily dispensed 4/20/18; -Synthroid 50mcg one tablet daily dispensed 4/20/18; -Combivent Inhaler 20mcg use four times a day was with client #1 in his pants pocket.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Interview on 5/17/18 with client #1 revealed: -carry his inhaler with him at all times; -know how to use it; -keep in his pocket.</p> <p>Review on 5/14/18 and 5/17/18 of client #1's MARS from 3/1/18-5/17/18 revealed: -Combivent Inhaler 20mcg use four times a day not listed on the 4/2018 MAR and 5/2018 MARs; -dosaging dates left blank on 4/28 and 4/29 for Protonix 40mg one tablet daily and Synthroid 50mcg one tablet daily.</p> <p>Interview on 5/17/18 with staff #1 revealed client #1 carried his inhaler with him.</p> <p>Interview on 5/18/18 with the Qualified Professional revealed: -not sure why Combivent Inhaler 20mcg use four times a day not listed on the 4/2018 MAR and 5/2018 MARs; -will ensure there is a self administer physician's order for client # to carry and use his inhaler.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		