

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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>A complaint survey was completed on 5/15/18. The complaint was substantiated (Intake # NC 137472). Deficiencies were 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</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: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered as prescribed affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 5/9/18 of client #1's record revealed: -admission date of 2/23/18 with diagnoses of Traumatic Brain Injury, Epilepsy, Intractable Lennox-Gastaut Syndrome, Intellectual Developmental Disability-Moderate, Seizure Disorder, Prostrate Cancer, Hypothyroidism, Hearing Loss in Left Ear and Osteoporosis; -admission assessment documented client #1 had a VNS (vagus nerve stimulator), has had epilepsy since age 3 years, uses a walker, wheelchair and wears a helmet, has seizures which can cause him to fall; -per seizure log client #1 had seizures on 3/27/18, 3/29/18, 4/4/18, 4/10/18, 4/12/18 and 4/17/18; -was admitted to hospital on 4/20/18 to address breakthrough seizures and adjust medications; -was discharged from hospital on 4/26/18 back to the facility with medication changes to address breakthrough seizures; -physician's order dated 4/26/18 for Banzel 400mg take 3 tablets(total of 1200mg) twice daily (for total of 2400mg daily) for 7 days then increase to Banzel 400mg take 4 tablets (total of 1600mg) twice daily (for a total of 3200mg daily).</p> <p>Review on 5/9/18 of incident reports from 3/1/18-5/10/18 revealed the following incident regarding client #1:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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>-5/2 staff #1 administered 2 pills (total of 800mg) of Banzel 400mg instead of prescribed 3 pills (total of 1200 mg) for one dose, pharmacy contacted and instructed to monitor client #1 for breakthrough seizures, staff #1 received a written warning from the Qualified Professional/Supervisor (QP/Sup);</p> <p>-5/3 staff #2 administered 2 pills(total of 800mg) of Banzel 400mg instead of prescribed 3 pills(total of 1200mg) for one dose, pharmacy contacted and instructed to monitor client #1 for breakthrough seizures, staff #2 received a written warning from the QP/Sup;</p> <p>-5/7 staff #3 administered 2 pills (total of 800mg) of Banzel 400mg instead of prescribed 4 pills (total of 1600mg) for one dose, pharmacy contacted and instructed to monitor client #1 for breakthrough seizures, staff #3 received a written warning from the QP/Sup.</p> <p>Observation on 5/9/18 at 1:18pm of client #1's medications on site revealed the following:</p> <ul style="list-style-type: none"> -medications in bubble packs with accurate dosing instructions at top; -bubble packs labeled am and pm for morning and evening doses -Banzel 400mg am bubble pack dispensed 5/1/18 had two pills in each bubble (total of 800mg); -to the left of each bubble was a handwritten date of when to administer 2 pills in bubble; -for dates 5/2 and 5/3 clear handwritten instructions with corresponding dates documented to left of bubbles to administer 2 pills in one bubble and only one pill from next bubble, then two pills from a third bubble and the remaining pill from prior bubble to equal the 3 prescribed pills; -for date 5/7 clear handwritten instructions with corresponding dates above bubbles; -also handwritten on top of bubble pack was 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 3</p> <p>"make sure you are checking and double checking dosage/tablets against QuickMAR;" -1 pill left in first bubble, 1 pill left in third bubble and 2 pills left in fourth bubble on the am bubble pack for Banzel 400mg.</p> <p>Review on 5/9/18 of client #1's MARs from 3/1/18-5/9/18 revealed the following dosing instructions printed clearly on the 5/2018 MAR: -Banzel 400mg take 3 tablets twice daily at 6am and 3pm for 7 days with clear dosing date blocks to indicate to dose for the dates 5/1, 5/2 and 5/3 with the rest of the dosing date blocks from 5/4-5/31 filled in with color to indicate not to dose; -Banzel 400mg take 4 tablets twice daily at 6am and 3pm with dosing date blocks 5/1-5/3 filled in with color to indicate not to dose and clear dosing date blocks for dates 5/4-5/31 to indicate to dose; -dosing dates 5/1-5/9 documented as administered.</p> <p>Review on 5/9/18 of staff personnel charts revealed: -staff #1 was hired on 5/8/14 with the job title of Direct Support Paraprofessional (DSP) and documentation of completed training in medication administration on 4/9/18 as well as completed training in QuickMAR 9/8/17; -staff #2 was hired on 6/14/17 with the job title of DSP and documentation of completed training in medication administration on 7/6/17 as well as completed training in QuickMAR 9/8/17; -staff #3 was hired on 10/6/16 with the job title of DSP and documentation of completed training in medication administration on 10/10/17 as well as completed training in QuickMAR 9/8/17.</p> <p>Interview on 5/10/18 with staff #1 revealed: -worked second shift and weekends 7 days on, 7 days off at facility;</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 4</p> <ul style="list-style-type: none"> -just took medication(med) administration training; -administers medications to clients; -have staff meetings once a month with QP; -have QuickMAR on computer, MARS on computer with medications and dosing instructions; -if any new medications, QP lets them know and also QuickMAR lets them know, tells them to "review" for a new medication; -made a med error with client #1, did not give enough pills; -client #1 came out of the hospital with a new medication Banzel; -instructions for dosing was on the bubble pack and in QuickMAR; -"don't know what happened, so many pills that day, confusing;" -QP/Sup also puts any medication changes in the communication logs; -supposed to check communication logs and QuickMAR for medication changes and new medications added; -QP/Sup addressed the med error with her. <p>Interview on 5/10/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -been working at the facility for one year; -worked third shift 7 days on, 7 days off; -administers medications to clients in the mornings; -has had medication administration training; -uses QuickMAR which has dosing instructions, also have bubble packs; -changes in doses or new meds are in QuickMAR and also noted in communication logs; -client #1's new medication Banzel and dosing instructions were in QuickMAR and also in the communication log; -Banzel dosing "was kinda confusing, popped two pills instead of three pills, two pills in each bubble, 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 5</p> <p>was supposed to pop out two pills and then one pill from next bubble to get right dose;"</p> <p>-QP/Sup caught the med error as she goes over medications daily;</p> <p>-QP/Sup discussed the med error with her;</p> <p>-now client #1 gets four pills for his am dose so she pops out two pills from the first bubble and then 2 pills from the second bubble for the correct am dose.</p> <p>Interview on 5/14/18 with staff #3 revealed:</p> <p>-works at facility second shift and weekends 7 days on, 7 days off, started this shift 2-3 months ago;</p> <p>-has completed medication administration training;</p> <p>-administers medications to clients;</p> <p>-did a med error recently with client #1;</p> <p>-gave client #1 two pills instead of his four pills for his dose;</p> <p>-"really got to focus" when giving meds, client #1 likes to talk a lot and got distracted;</p> <p>-made the med error because was focusing on client #1 talking to her instead of giving the right number of pills;</p> <p>-QP/Sup caught the med error when she reviewed the medications and addressed it with her;</p> <p>-have buddy checks also in place where staff from different shifts check medications from other shifts;</p> <p>-QuickMAR on the computer tells how many pills to give client #1;</p> <p>-any changes or new meds are also on the QuickMAR;</p> <p>-can always call the QP/Sup if you have any questions about a medication;</p> <p>-"have to be focused."</p> <p>Interview on 5/9/18 with client #1 revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 6</p> <ul style="list-style-type: none"> -staff calls him to medication closet when it is time for him to take his medications; -staff have a computer they look at when he gets his medications; -takes his medications in the mornings and evenings; -not sure if staff ever forgot to give his medications right; -have seizures and wears his helmet in case he falls; -was in the hospital recently due to his seizures. <p>Review on 5/9/18 of the QP/Sup's staff meeting documentation from 9/8/17 to present revealed the following dates medication administration was addressed with staff:</p> <ul style="list-style-type: none"> -9/8/17 Inservice for QuickMAR; -10/12/17 medication administration, review of QuickMAR; -12/5/17 medication administration, review communication logs daily; -3/20/18 staff meeting: medication administration, "make sure you are communicating with your team mates about the medication," medication training will be announced, use of Quick MAR. <p>Review on 5/9/18 of communication log entry dated 5/2/18 completed by the QP/Sup revealed the following documented: "QuickMAR will read 3 tablets until 5/5 it switches over to 4 tablets. Please see the dates I wrote on the pack and make sure he is receiving the dosage QuickMAR states i.e. 3 tablets or 4 tablets."</p> <p>Interview on 5/9/18 with the QP/Sup revealed:</p> <ul style="list-style-type: none"> -been QP/Sup at facility since 4/2017; -have staff meetings once a month or every other month, also do individual supervision in between; -have set up buddy checks where one staff assigned to do medications and other staff 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 7</p> <p>checks behind to ensure medications given properly; -also do random medication checks herself at least twice a week, always after the weekend, also if there is a medication change or new medication added, will do daily checks for several days to ensure medication given properly; -have a computerized MAR called QuickMAR and it has dosing instructions, med changes and new meds added; -all staff been trained on how to use QuickMAR; -all staff also take medication administration training annually; -client #1 had new medication/med changes addressing his seizures upon discharge from hospital, changes were in QuickMAR, she also wrote changes in communication log and also wrote dates and instructions on bubble pack indicating accurate dosing; -had three staff commit med errors with client #1's seizure medication; -caught all three errors during her daily medication checks; -all three staff were coached regarding med errors and received written warnings; -three staff not had re-training in medication administration yet/review in QuickMAR yet -plan to send staff to re-training soon; -not sure why staff were not able to follow instructions for this medication; -always talking to staff about accurate medication administration.</p> <p>Review on 5/15/18 of a Plan of Protection dated 5/15/18 and completed by the QP/Sup revealed the following documented: -"What immediate action will the facility take to ensure the safety of consumers in your care? [QP/Sup] will review policy and procedure for medication administration including the 5 rights</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 8</p> <p>for Medication Administration as well as medication storage with all staff. [QP/Sup] will continue to monitor medication by conducting med checks at minimum twice a week. [QP/Sup] will communicate to all staff new policy regarding medication errors: 1st med error=coaching, 2nd med error=written warning and staff will attend med class for refresher, 3rd med error=termination. [QP/Sup] will continue to communicate med changes via communication log and QuickMAR;"</p> <p>"Describe your plan to make sure the above happens. [QP/Sup] will be conducting an all staff meeting on 5/15/18 to discuss the plan moving forward. [QP/Sup] will send select staff back to medication administration training. [QP/Sup] will conduct a refresher for all staff on QuickMAR which will include reading orders, alerts and other beneficial items in QuickMAR that will ensure the safety of the consumers in our care. [QP/Sup] will continue to move forward with any disciplinary actions needed on staff whom are having repeated med errors."</p> <p>Client #1 has a diagnoses of Traumatic Brain Injury, Epilepsy, Intractable Lennox-Gastaut Syndrome, Intellectual Developmental Disability-Moderate, Seizure Disorder, Prostrate Cancer, Hypothyroidism, Hearing Loss in Left Ear and Osteoporosis and is a fall risk due to his seizures. Client #1 had breakthrough seizures on 3/27/18, 3/29/18, 4/4/18, 4/10/18, 4/12/18 and 4/17/18 and was admitted to the hospital on 4/20/18 to address these seizures and adjust medications. He was discharged from the hospital on 4/26/18 back to the facility with changes in his seizure medications. Medication errors on 5/2/18, 5/3/18 and 5/7/18 committed by three different staff resulted in client #1 receiving a partial dosage of his new seizure medication on</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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	Continued From page 9 three occasions. The lack of competency of the facility staff in medication administration resulted in the inaccurate administration of seizure medication which was detrimental to the health, safety and welfare of client #1. This deficiency constitutes a Type B rule violation and must be corrected within 45 days. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by:	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 120	<p>Continued From page 10</p> <p>Based on records review, observations and interviews, the facility failed to ensure medications were stored securely. The findings are:</p> <p>Review on 5/9/18 of the facility's incident reports from 3/1/18-5/9/18 revealed the following documented by the Qualified Professional/Supervisor (QP/Sup): on 3/28/18 "tote of medications for residents left unattended in the livingroom along with each residents list of medication from pharmacy. Staff coached in HIPPA, ensuring medications are locked and no private information is left out in the open."</p> <p>Observation on 5/9/18 at 2:16pm revealed a large blue plastic bin with folding attached lid.</p> <p>Interview on 5/9/18 with client #1 revealed: -goes to medication closet when staff calls him to take his medications; -never seen medications or blue bin sitting out in living room.</p> <p>Interview on 5/9/18 with client #2 revealed; -go to medication closet to take his medications in the am and pm; -always gets his medications; -never seen his medications laying out; -denied seeing blue bin sitting out with medications in living room.</p> <p>Interview on 5/9/18 with client #3 revealed: -takes his medications at medication closet; -gets medications every day in am and pm; -never seen medications out on a table; -never seen medications in blue bin sitting in living room.</p> <p>Interview on 5/10/18 with staff #1 revealed:</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASHCRAFT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209
--	--

(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 120	<p>Continued From page 11</p> <ul style="list-style-type: none"> -pharmacy delivers new medications and refills in the blue bin; -also put old medications in blue bin to return to pharmacy; -bin goes in locked medication closet; -new medications had come in, got real busy with clients; -went to deal with a client, staff from the LME (local management entity) came by and saw bin with medications out in living room; -"I didn't leave it out." <p>Interview on 5/10/18 with staff #3 revealed:</p> <ul style="list-style-type: none"> -blue bin has medications delivered from pharmacy; -only reason left out of medication closet would be doing medication count; -did not leave it out. <p>Interview on 5/9/18 with the QP/Sup revealed:</p> <ul style="list-style-type: none"> -pharmacy delivers new medications/refills in blue bin; -send back old medications in blue bin to pharmacy; -blue bin stays locked in medication closet; -pharmacy had delivered medications for new refill cycle in blue bin; -bubble packs were in blue bin rubber banded together for each client; -bin lid was not locked; -staff from LME came by and bin was in living room; -staff had not placed bin in medication closet yet; -no staff would take responsibility for it; -addressed with all staff. 	V 120		