Page 005 Of 020

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL020-060	B. WING		05/2	22/2018
	PROVIDER OR SUPPLIER	208 TAYL	ORS CREEK S, NC 2890			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X6) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	An annual survey w deficiency was cited	as completed on 5/22/18. A		RECEIVED By MH Lic & Cert Section at 3:34 pm, Jur.	07, 2018	
				Attached are the new MARs worders from the Doctors on	ith	
	10A NCAC 27G .020 REQUIREMENTS (c) Medication admit (1) Prescription or nonly be administered order of a person audrugs. (2) Medications shall clients only when auclient's physician. (3) Medications, incl administered only by unlicensed persons pharmacist or other privileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediatel MAR is to include the (A) client's name;	nistration: on-prescription drugs shall d to a client on the written uthorized by law to prescribe If the self-administered by othorized in writing by the uding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of ed to each client must be kept administered shall be ly after administration. The e following:	V 118	admininstering medications.	Terror de la constante de la c	
77	 (C) instructions for a (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be reconstituted. 	and quantity of the drug; dministering the drug; e drug is administered; and of person administering the or medication changes or orded and kept with the MAR oppointment or consultation			concide transferencia transporta sea trans estada (1849)	

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

6-6-18

(X6) DATE

If continuation sheet 1 of 3

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STATEMEN	Of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	COMP	SURVEY
		MHL020-060	B. WING		05/2	22/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE. ZIP CODE		
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LTNN HY	DE HOME	ANDREW	S, NC 2890	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	DBE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	. V 118			6/6/18
	facility failed to keep to follow the written 2 of 3 sampled clien. The findings are: Record review on 5/-Admission date of Intellectual Disability Disruptive Behavior-Physician ordered regeodon 80mg behaviors. Review on 5/22/18 or revealed: -Geodon 80mg was 8pm in March on du-Geodon 80mg 2 ca administered in April	view and interviews, the of the MAR current and failed order of a physician affecting nts (Client #1 and Client #2). //22/18 for Client #1 revealed: 11/1/14 with diagnoses of Mild y, Prader Willi Syndrome, Disorder and Obesity. medications included: 1 cap twice daily for of March-May 2018 MARs initialed as administered at plicate entries on MAR. ps at bedtime was initialed as I and May MARs. //22/18 for Client #2 revealed: 11/1/14 with diagnoses of Mild of Seizure Disorder.		Clinet #1 "'Q"is to follow up with staff on T June 5, 2018 to verify that phys indicated the Geodon 80 mg ca administered as listed on the N A new perscription will be subm indicates the procedure for adm The "Q" will continue to monitor for any errors by comparing ord prescription bottles. Each perso then be reviewed to see that it the MAR and the perscription b	sician an be MAR. nitted tha ninistration r monthly ders to cription with	t on. vill

Division of Health Service Regulation

seizures.

Tuesdays and Fridays.

-Physician ordered medications included:

-Phenytoin Sodium 100mg 3 times daily for

-Caltrate 600 + D3 daily for bone health.
-Vitamin-D2 1.25mg 1 cap twice a week on

-Forteo 20mcg daily injection for osteoporosis. Review on 5/22/18 of March-May 2018 MARs

Jun 07 2018 12:14:20 Via Fax -> 919 715 8078 Vonage Page 004 Of 020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X4) DATE SURVEY COMPLETED | (X5) DA

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF	PROVIDER OR SUPPLIER STREET	DORESS, CITY	STATE, ZIP CODE	
YNN H	ADE HOME	LORS CREE		
(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) COMPLE DATE
e de la companya de la constante de la constan	revealed: -Phenytoin Sodium was initialed as administered 2 tabs in AM and 1 tab in PM, March 1-May 22 or MARsCaltrate was initialed as administered twice daily March 1-May 22 on MARsVitamin D2 was blank for all of April, -Forteo was blank for March-May on MARs. Interview on 5/22/18 with AFL Caregiver revealed She typed her own MARs each month for her clientsClient #1's Geodon error was her mistakeClient #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 downThe PA also told the AFL caregiver to give 2 Caltrate chewables but did not write it downThe Vitamin D2 was given as ordered just not recordedThe 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.		Client #2 Staff will get a perscription from the physicindicating how the medication can be administrated. Staff will also be reminded to include the caltrate and the Vitamin D2 on the MAR and to accurately document when administered. Staff will also get a statement from the guardian (Mother) that she refused to pay the \$1,000 for the Fortinjection perscribed daily. This must be documented on the MAR. "Q" will follow us to ensure the correct Medicaid number is on the MAR and in the medical record. All documentation will be reviewed by the PFS Director before submission. Correct Medicaid had been identified.	eo p

4-12-2018

To Whom This May Concern:

I Co Guardian and Co Guardian have been notified about the concern for medication Forte injection that has been not authorized by her Medicare part D to be paid for by the insurance. Will not be receiving this medication unless the insurance will pay for it due to family unable to afford the high cost of the medication.

Sincerely

Date: 4-12-18

Date 4-12-18

CP-Zess)	1	3	2.	1. Oto Fateo	Rx	81-88-9 BIND	ADDRESS	PATIENT'S NAME	
3 MD			sur the way said the	Torteo 20mm / due 2		DEA# BY CIKE 35C	I with	21/2/14	PHONE (828) 321-4510 • FAX (828) 321-3973 DEA #BC4197251



THOMAS V. CLAYTON, MD

->



ANDREWS INTERNAL MEDICINE PA 2751 Business 19 Andrews, NC 28901-8097 8283214510

Page Notes

The patient has no known allergies

Medications

	77.07	dit Dt / ist Rx	Projected Renewal	Medication	Sig	4	Refill	Status	5	Oρ	tions	***************************************
	Edit Dt / Last Rx	Projected Renewal	Medication		Sig	···	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and the second second second second	#	Refill	Status	Options
	05/22/2018 04/09/2018	11/18/2018	phenytoin sodium capsule	extended 100 mg	1 capsule(s) a day; take 2	-			90	5	Active	
	05/22/2018		Caltrate 600+0 Plu calcium-800 unit-4	is Minerals 600 mg O mg chew tablet	1 tablet(s) by	mouth	twice a	day	60	11	Active	
	05/22/2018 05/22/2018	11/18/2018	Xanax 1 mg tablet	continuents 33 for management for type management (in the management for the management f	1 tablet(s) by	mouth	twice a	day	60	5	Active	
	05/22/2018 05/22/2018	11/18/2018	Xanax 0.5 mg table	şt	1 tablet(s) by	mouth	twice a	day	60	5	Active	W
	04/09/2018 04/09/2018	04/04/2019	Depakote 250 mg t release	ablet,defayed	4 tablet(s) by	mouth	twice a	day	240	11	Active	——————————————————————————————————————
111	04/09/2018 04/09/2018		Forteo 20 mcg/dos subcutaneous pen		1 application(skin daily; 20				30	11	Active	
9 5 1	04/09/2018 04/09/2018	HITTELE COLUMN	ergocalciferol (vitan capsule	nin D2) 50,000 unit	1 capsule(s) t weekly	y mou	ith 2 time	S	26	4	Active	
	04/09/2018 04/09/2018	04/04/2019	Synthroid 75 mag ta	ablet	1 tablet(s) by	mouth	daily		30	11	Active	
	04/09/2018 04/09/2018	10/06/2018	Xanax 1 mg tablet		1 tablet(s) by	mouth	twice a c	lay	60	5	Active	

5/22/15 Worling en his auth an Fartes potient found to have to medicaid numbers, ryplacement will be sinen in 72° if not apperaised.

M. Mason 5/22/18
12:00

Page 009 Of 020

Tuesday, May 22, 2018

JANE B BARWICK, FNP License: NC 200185 DEA: MB0574752 NPI: 1316126808

Clayton, Thomas License: NC 30895 DEA: BC4197251 NPI: 1326081571

ANDREWS INTERNAL MEDICINE PA 2751 Business 19, Andrews, NC 28901-8097 Phone: (828)321-4510 Fax: (888)491-3514

Drug	Sig	Dispense	Refills	DAW	Q	uantity
Xenax 0.5 mg tablet	1 tablet(s) by mouth twice a day	60 (sixty) Tablet	5 (five)		1-24 25-49 50-74	75-100 101-151 151 & over
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Drugs Prescribed: 1 (c	one)					

Prescription is void if the number of drugs prescribed is not noted Interchange is mandated unless the practitioner indicates "no substitution" in accordance with the law.

Page 010 Of 020

Tuesday, May 22, 2018

JANE B BARWICK, FNP

License: NC 200185 DEA: MB0574752 NPI: 1316126808

Clayton, Thomas License: NC 30895 DEA: BC4197251 NPI: 1326081571

ANDREWS INTERNAL MEDICINE PA

2751 Business 19, Andrews, NC 28901-8097 Phone: (828)321-4510 Fax: (888)491-3514

Drug	Sig		Dispense	Refills	DAW	Quantity
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icles rugs Prescribed: ignature	1 (one)		Signatur		1	1/

Interchange is mandated unless the practitioner indicates "no substitution" in accordance with the law.

Page 011 Of 020

Tuesday, May 22, 2016

JANE B BARWICK, FNP.

License: NC 200185 DEA: M80574752 NPI: 1316126808

Clayton, Thomas License: NC 30895 DEA: BC4197251 NPI: 1326081571

ANDREWS INTERNAL MEDICINE PA

2751 Business 19, Andrews, NC 28901-8097 Phone: (828)321-4510 Fax: (886)491-3514

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Drug	Sig	Dispense	Refilis	DAW	a	uantity
Xanax 0.5 mg tablet	1 tablet(s) by mouth twice a day	60 (sixty) Tablet	5 (five)		1-24 25-49 50-74	75-100 101-151 151 & over

DOB

Female

Gender

Drugs Prescribed:

1 (one)

Signature

Patient

Signature

Phone

Substitution Permitted

Dispense as Written

Prescription is void if the number of drugs prescribed is not noted.

Interchange is mandated unless the practitioner indicates "no substitution" in accordance with the law.

Page 012 Of 020

Tuesday, May 22, 2018

JANE B BARWICK, FNP

License: NC 200185 DEA: MB0574752 NPI: 1316126808

Clayton, Thomas License: NC 30895 DEA: BC4197251 NPI: 1326081571

ANDREWS INTERNAL MEDICINE PA

2751 Business 19, Andrews, NC 28901-8097 Phone: (828)321-4510 Fax: (888)491-3514

Drug	Sig	Dispense	Refills	DAW	Quantity
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Interchange is mandated unless the practitioner indicates "no substitution" in accordance with the law

8283214510

5/22/2018



ANDREWS INTERNAL MEDICINE PA 2751 Business 19 Andrews, NC 28901-8097

Healthfusion Medi Touch#

Page Notes

The patient has no known allergies

Medications

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111	2/2018 2/2018	11/18/2018	Xanax 0.5 mg tablet	1 tablet(s) by mouth twice a day	60	5	Active	
1.1	9/2018 9/2018	04/04/2019	Depakote 250 mg tablet delayed release	4 tablet(s) by mouth twice a day	240	11	Active	
11-	9/2018 9/2018	10/06/2018	phenytoin sodium extended 100 mg capsule	1 capsule(s) by mouth three times a day	90	5	Active	
11	9/2018 9/2018	Water of Very many Will, terminal terminal parts	Forteo 20 mcg/dose (600 mcg/2.4 mL subcutaneous pen injector) 1 application(s) inject below the skin deily; 20 mcg dose daily	30 .	11	Active	
11	9/2018 9/2018	07/08/2019	ergocalciferof (vitamin D2) 50,000 unit	1 capsule(s) by mouth 2 times weekly	26 .	4	Active	
14	9/2018 9/2018	04/04/2019	Synthroid 75 meg tablet	1 tablet(s) by mouth daily	30	11	Active	
1 1	9/2018	10/06/2018	Xanax 1 mg tablet	1 tablet(s) by mouth twice a day	60	5	Active	

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Page 010 Of 020 Page 1 of I

Appalachian Community Services 91 Timberlane Road Waynesville NC 28786-7927 Tel: 8284547220 Fax: 8773461089

Laura Hudson

License #: 5007029 DEA

#: MH3268352 NPI:1407073109

Barry Moore

License #: 19520 DEA

#: BM7582364

Name: DOB:

Rx:

Geodon 80 MG Oral CAPSULE

Directions: take 2 tabs at HS with food

Comments: PA criteria met

Dispense #: *** 60 ***

Refills: *** 2 ***

Date:

5/24/2018

By: Raww H. Hudon +MHNP-BC

Product Substitution Permitted

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Time	8pm				7am					7AM	4 <i>P</i> M								If medication is not given, use key code to indicate reason-initial and date. Key Code: Absent-A, Holiday –H, Refusal-R, Workday-W
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FAX COVER SHEET

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<pfsfax@disabilitypartners.org>

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Re: Hyde Home POC

Notes:

Person First Services

(A program of Pathways for the Future)

Office: 1-828-354-0296 Fax: 1-828-412-4421

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Person First Services 2775 US 74 East, Sylva NC 28779 Phone: 828-354-0296 Fax: 828-412-4421

FAX COVER SHEET

To /Company:Cathy Sandford_	Date:	_6/7/18
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From: _Lynda Cowan		
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