

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2018
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NAME OF PROVIDER OR SUPPLIER MANGUM HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 841 EAST PRITCHARD STREET ASHEBORO, NC 27203
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 6, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 4 of 4 audited clients (clients #3, #4, #6, #10). The findings are:</p> <p>Finding #1: Review of client #3's record on 6/6/18 revealed: -23 year old male admitted 3/20/18. -Diagnoses included cannabis use disorder; alcohol use disorder; Asperger's syndrome, bipolar disorder, ADHD (attention deficit hyperactive disorder). -Order dated 2/21/18 for Atenolol 25 mg (milligrams) 1 and 1/2 tabs BID (twice daily). (hypertension, heart rate) -Order dated 4/27/18 for Atenolol 25 mg 1 tablet twice daily. -Order dated 4/19/18 Atomoxetine 40 mg QD (daily). (ADHD) -Order dated 5/22/18 for Atomoxetine 80 mg QD. -Order dated 2/21/18, "Cold and Allergy products - non drowsy formula." -No order for Cetirizine 10 mg daily. (allergy symptom relief)</p> <p>Observations on 6/6/18 at approximately 12:15 pm of client #3's medications on hand revealed: -Medication bottle label read Atenolol 25 mg, 1 tablet twice daily. The dispense date read 5/17/18. -Inside the medication bottle were small round white tablets, some had been broken into halves.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 6/6/18 of client #3's March, April, May, and June 2018 MARs revealed:</p> <p>-April 2018 MAR: Transcription of Cetirizine HCL 10 mg QD, scheduled time to be administered in "AM." Documentation the Cetirizine 10 mg was administered 4/6-4/9, 4/11-4/15, and 4/20-4/23. The times Cetirizine 10 mg was administered had not been documented.</p> <p>-April 2018 MAR: Transcription of Atomoxetine 40 mg, scheduled time to be administered in "AM." Atomoxetine 40 mg was documented as administered from 4/20/18 - 4/30/18, but the time it had been administered was not documented.</p> <p>-March and April 2018 MARs: Transcription of Atenolol 25 mg, 1 & ½ tablets BID with scheduled time to be administered "6-8 am" and "9-11 pm." Atenolol 25 mg, 1 & ½ tablets had been documented as administered from 3/20/18 - 4/26/18, but the time of administration had not been documented.</p> <p>-April, May, and June 2018 MARs: Transcription of Atenolol 25 mg, 1 & ½ tablets BID. Atenolol 25 mg, 1 & ½ tablets had been documented as administered from 4/27/18 - 6/4/18, but the time of administration had not been documented. (Note, order/dosage changed 4/27/18.) On 6/6/18 at 11:35am there was no documentation Atenolol had been administered on 6/5/18 or 6/6/18.</p> <p>-May 2018 MAR: Transcription of Atomoxetine (Strattera) 40 mg, scheduled to be administered "6-9 a." Medication documented daily from 5/1/18 -5/22/18 without the time of administration documented.</p> <p>-May and June 2018 MARs: Transcription of Atomoxetine 80 mg, scheduled to be administered "6-9 a." Medication documented daily from 5/23/18 - 6/4/18 without the time of administration documented. On 6/6/18 at</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>11:35am there was no documentation Atomoxetine 80 mg had been administered on 6/5/18 or 6/6/18.</p> <p>Interview on 6/5/18 client #3 stated: -He took medications to include Atenolol for high blood pressure and sinus "tach," Strattera, and Abilify. -He was not required to do pulse or blood pressure checks -All meds are are kept locked, and were administered by the staff.</p> <p>Finding #2: Review of client #10's record on 6/6/18 revealed: -27 year old male admitted 5/7/18. -Diagnoses included alcohol use disorder, severe. -Order dated 5/22/18 for Fluoxetine (Prozac) 20 mg daily. (antidepressant) -Order dated 5/22/18 for Quetiapine Fumarate (Seroquel) 50 mg at bedtime. (atypical anti-psychotic drug used to treat certain mental/mood conditions.)</p> <p>Review on 6/6/18 of client #10's May and June 2018 MARs revealed: -Scheduled dosing times for Prozac 20 mg was "6-8 am" on the May 2018 MAR and "6-9 am" on the June 2018 MAR. Prozac 20 mg had been documented as administered 5/23/18 - 6/3/18. The time the Prozac had been administered had not been documented. -Prozac 20 mg had not been documented as administered 6/4/18 - 6/6/18. -Order for Quetiapine Fumarate 50 mg at bedtime had not been transcribed to the MARs and had not been documented as administered.</p> <p>Interview on 6/5/18 client #10 stated:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-He was currently taking 1 medication, Prozac. -He was suppose to take Seroquel, but did not have the money. He had received an order for Seroquel from his psychiatric provider recently. He had not told the Administrator he had a prescription. She would likely help him get it but he did not want to be depending on someone else for this.</p> <p>Finding #3: Review of client #6's record on 6/6/18 revealed: -28 year old male admitted 5/29/18. -Diagnoses included Amphetamine, cocaine, and cannabis use disorder -Order dated 4/30/18 for Sertraline 50 mg daily. (depression, panic attacks, obsessive compulsive disorder, post-traumatic stress disorder, social anxiety disorder.) -Order dated 4/30/18 for Risperidone 2 mg at bedtime. (atypical antipsychotic drug used to treat certain mental/mood disorders.)</p> <p>Review on 6/6/18 of client #6's May and June 2018 MARs revealed: -Sertraline 50 mg daily scheduled dosing time on May 2018 MAR read, "6-8," and did not specify morning or evening. The scheduled dosing time on the June 2018 MAR read "6-9 a." -Sertraline 50 mg had been documented as administered daily from 5/29/18 - 6/5/18. The time the medication had been administered had not been documented. -At 11:46 am on 6/6/18, the morning dose of Sertraline 50 mg had not been documented as administered. -Risperidone 2 mg scheduled dosing time on May 2018 MAR read, "8-11," and did not specify morning or evening. The scheduled dosing time on the June 2018 MAR read "9-11 p." The time the medication had been administered had not</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>been documented.</p> <p>Interview on 6/5/18 client #6 stated: -He took Risperdal and Zoloft. -The staff kept his medications locked up. -Staff administered his medications. He took them every night and day.</p> <p>Finding #4: Review of client #4's record on 6/6/18 revealed: -22 year old male admitted 4/12/18. -Diagnoses included Benzodiazepine, cocaine, and cannabis use disorder. -Order dated 4/17/18 for Mobic 7.5 mg BID as needed. (pain) -No order documented to discontinue client #4's order for Mobic.</p> <p>Observations on 6/6/18 at approximately 12:15 pm of medications on hand revealed there was no Mobic on hand for client #4.</p> <p>Review on 6/6/18 of client #4's MARs revealed Mobic had not been transcribed to the MAR.</p> <p>Interview on 6/5/18 client #4 stated he did not take any medications.</p> <p>Interviews on 6/5/18 and 6/6/18 the Administrator stated: -They had been told by someone in the past to write a time range for the scheduled dosing times. These ranges were to be a 2 hour window, because the policy was to administer the medications within an hour before or after it was to be administered. -When questioned about the 3 hour range for client #3's Atenolol and Atomoxetine dosing times, the Administrator stated it should have been 7-9 am and wrote a "7" over the "6."</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Client #3's Atenolol order changed to 1 BID, but she could not find the order. She would call the pharmacy to get copy. -Client #10 had not given the facility a copy of his order for Seroquel dated 5/22/18. The client had the order in his room on 6/5/18. She had called and found the cost was \$8 and she was having the order filled. -She would request the physicians send copies of orders to the facility in the future. -Client #4 had stated he preferred not to take Mobic; therefore, the medication order had not been transcribed to the MAR or filled. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		