

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2018
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NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3709 ARBOR DRIVE RALEIGH, NC 27612
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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 survey was completed 5/14/18. 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 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117		

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

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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, facility staff failed to assure one of three audited client's medications was securely maintained with the manufacturer's label including the prescriber's and pharmacy's contact information (#2). The findings are:</p> <p>Observation on 5/10/18 at approximately 3:00 PM of client #2's medications revealed a zip lock bag with 2 small peach colored pills with hand written information identifying the pills as " Fexofenadine HCL 180 mg for allergies pill as needed".</p> <p>Review on 5/10/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatitis B - a physician's order dated 8/15/17 for Expending 180 mg with instructions to administer once daily as needed - March , April and May 2018 medication administration records with documentation reflecting the medication was administered <p>During an interview on 5/10/18, the Administrative Liaison reported the medication belonged to client #2 and was administered daily at 8:00 AM. The Administrative Liaison reported a locked boxed would be purchased for the medication.</p> <p>During an interview on 5/14/18, the Qualified Professional/ Residential Manager reported the medications in the zip lock bag were probably</p>	V 117		

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V 117	Continued From page 2 brought to the home by client #2's parent.	V 117		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, facility staff failed to assure one of</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>three audited client's expired medication was disposed of to guard against accidental ingestion(#2). The findings are:</p> <p>Observation on 5/10/18 at 4:02 PM of the kitchen revealed Acidophilus and Bifidus capsules were stored un-secured in the refrigerator. The expiration date on the medication was March 2018.</p> <p>Review on 5/10/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatitis B - a physician's order dated 2/21/18 for one Acidophilus capsule to be administered once daily - March , April and May 2018 medication administration records with documentation reflecting the medication was administered daily <p>During an interview on 5/10/18, the Administrative Liaison reported she was not aware the medication had expired.</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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</p>	V 120		

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V 120	<p>Continued From page 4</p> <p>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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, one of three audited client's medications was not securely stored in the refrigerator (#2). The findings are:</p> <p>Observation on 5/10/18 at 4:02 PM of the kitchen revealed Acidophilus and Bifidus capsules were stored un-secured in the refrigerator.</p> <p>Review on 5/10/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatitis B - a physician's order dated 2/21/18 for one Acidophilus capsule to be administered once daily - March , April and May 2018 medication administration records with documentation reflecting the medication was administered daily <p>During an interview on 5/10.18, the Administrative Liaison reported the medication belonged to client #2 and was administered daily at 8:00 AM. The Administrative Liaison reported a locked boxed would be purchased for the medication.</p>	V 120		

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