STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-069	A. BUILDING: _____ B. WING _____	06/08/2018

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KELLY'S CARE	2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114

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V 000	INITIAL COMMENTS An Annual and follow up survey was completed on June 8, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	Continued From page 1	V 118		

This Rule is not met as evidenced by:
Based on record review and and interview, the facility failed keep current the MAR for each client affecting 1 of 3 clients (Client #3).The findings are:

Review on 6/7/18 of Client #3's record revealed:
Admission date: 6/13/17
Diagnoses: Attention Deficit Hyperactivity Disorder, Pervasive Developmental Disorder, Early Childhood Neglect
-Physician's order dated 1/25/18 for paroxetine (Paxil) 40 milligrams (mg), 1 tablet daily by mouth once daily in the morning;
-Physician's order dated 5/30/18 for paroxetine (Paxil) 20 mg, 1 tablet once daily.

Review on 6/7/18 of Client #3's March-May 2018 MARs revealed:
-Staff initialed administration of paroxetine 20 milligrams (mg) to Client #3 at the 8:00 am dosage time on 5/31/18;
-Staff initialed administration of paroxetine 40 mg to Client #3 at the 8:00 am dosage time on 5/31/18;
-No documentation on the MAR about the reason Client #3 received two different dosages of paroxetine at the same dosage time.

Interview on 6/6/18 with Client #3 revealed:
-He stated he took medication every day and only identified that he took an allergy medication for his seasonal allergies.

Interview on 6/7/18 with Staff #1 revealed:

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V 118	Continued From page 2 -Staff who initialed Client #3's medication administration on 5/31/18 was no longer employed at the facility; -The staff person had accepted employment elsewhere. Interview on 6/7/18 with the Director of Operations/Qualified Professional revealed: -Client was likely administered only the paroxetine at the 20 milligram dose on 5/31/18 at the 8:00 am dosage time; -The computerized MAR was set up to warn staff if all client medications were not administered at the prescribed dosage times; -Staff who administered the 8:00 am medications to Client #3 on 5/31/18 likely initialed the paroxetine 40 mg dose as administered in response to a computer warning that all of the client's medication had not been administered; -The computerized MAR system did not process the discontinuation of Client #3's paroxetine 40 mg until 9:56 am on 5/31/18 which was after the 8:00 am dosage time; -The computerized MAR was set up to be a fail-safe system; -He would be meeting with the local pharmacy on 6/11/18 about the computerized medication administration record system; -The staff person who initialed the medication administration record was no longer employed at the facility.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that	V 119		

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V 119	Continued From page 3 guards against diversion or accidental ingestion. (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. 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. (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. (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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to dispose of a prescription medication in a manner that guards against diversion or accidental ingestion. The findings are: Review on 6/7/18 of Client #2's record revealed: Admission date: 4/8/13 Diagnoses: Conduct Disorder, History of Sexual Abuse as Child (victim and perpetuator), Reactive Attachment Disorder, Mild-Moderate Intellectual Developmental Disability, Impulse Control	V 119		

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V 119	Continued From page 4 Disorder Review on 6/7/18 of Client #2's March- May 2018 Medication Administration Records (MARs) revealed: No documentation Clindamycin HCL 300 mg was administered. Observation on 6/7/18 at approximately 9:30 am of Client #2's medication revealed: -1 blister package with pharmacy label dispensed 8/16/17 identifying Clindamycin Hydrochloride (HCL) 300 milligrams (mg) at the facility; -Administration directions identified on the pharmacy label was 1 capsule by mouth 3 times daily for 14 days; -Handwritten on the blister package contained the following information: 8/20 D/C; -3 pills were found in the Clindamycin HCL 300 mg blister package. Interview on 6/6/18 with Client #2 revealed: -He stated he took 4-5 medications every morning and took at least 3 medications in the evening; -He took Metformin for pre-diabetes and a cholesterol medication; -He did not know the other medications he took. Interview on 6/7/18 with Staff #1 revealed: -He stated that Client #2 was discontinued from the Clindamycin HCL in 2017; -The blister package for this medication was found at the back of Client #2's current medications with the package label turned backward from Client #2's current medications in the medication cart; -He was certain Client #2 had not been administered the Clindamycin HCL since 2017; -He did not know why the medication remained	V 119		

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V 119	Continued From page 5 with Client #2's current medication in the medication cart. Interview on 6/7/18 with the House Manager revealed: -Client #2 was discontinued from the Clindamycin HCL 300 mg medication in 2017; -The medication should have been removed from Client #2's current medications upon physician discontinuing the medication and placed in the bottom drawer of the medication cart; -She was responsible for picking up discontinued client medications from the facility for disposal. Interview on 6/7/18 with the Director of Operations/Qualified Professional revealed: -He did not know the reason Client #2's discontinued Clindamycin HCL remained in the facility medication cart with Client #2's current medications; -He had a designated staff person that tracked client medications; -The medication cart in the facility had been replaced after Client #2' was discontinued from the Clindamycin HCL and this medication should have already been removed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 119		
V 369	G.S. 122C-6 Smoking Prohibited § 122C-6 SMOKING PROHIBITED; PENALTY (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area.	V 369		

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V 369	Continued From page 6 (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall: (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it. (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product. (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. (c) The Department may impose an administrative penalty not to exceed two hundred dollars ($200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime. (d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.) This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post "No Smoking" signs at the facility to clearly state that smoking was prohibited inside the facility. The findings are: Observation on 6/7/18 between 12:41-1:00 pm revealed: -The facility did not have any "No Smoking" signs	V 369		

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V 369	Continued From page 7 posted. Interview on 6/7/18 with Staff # revealed: -There was a "No Smoking" sign posted on the front door; -A client had repeatedly tore the sign down and staff had not replaced it. Interview on 6/7/18 with the Director of Operations/Qualified Professional revealed: -Staff #1 made him aware during the survey the facility did not have any "No Smoking" signs posted; -He would follow up on this issue to ensure the signs are posted.	V 369		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 6/7/18 between 12:41-1:00 pm revealed: -The client bathtub in the hallway near the kitchen was significantly stained brown in color. Interview on 6/7/18 with Staff #1 revealed: -A client had just been bathed in the tub a few	V 736		

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V 736	Continued From page 8 minutes ago. Interview on 6/7/18 with the Director of Operations/Qualified Professional revealed: -The bathtub was old and needed replacement. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		