Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CONNECTION			A. BUILDING:				
	MHL075-023		B. WING		05/31/2018		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
HOLLY HILL DRI COLUMBUS, NC 2				22			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLÉTE		
V 000 INITIAL COMMENTS			V 000				
	An annual survey w deficiency was cited	ras completed on 5/31/18. A					
V 118	27G .0209 (C) Medication Requirements		V 118				
	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						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		OOWII	LLILD
MHL075-023		B. WING		05/31/2018		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOLLY HILL 84 HOLY HII COLUMBUS				22		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	facility failed to kee to follow the written	et as evidenced by: view and interviews, the p the MAR current and failed order of a physician affecting t #1 and Client #2). The				
	-Admission date of Aspergers, Attention Disorder (ADHD), Mintellectual Disabiliting -Physician orderedLithium Carbonate cap in AM and 2 can Review on 5/30/18 revealed: Lithium Carbonate administered on 5/2/20/20/20/20/20/20/20/20/20/20/20/20/2	medications included: e 300mg (mood stabilizer) 1 ps at bedtime. of March-May 2018 MARs e was not initialed as 25/18 pm dose. for Lithium Carbonate was				
	-Admission date of Traumatic Brain Inj Disability. -Physician ordered Baclofen 10mg (n Gabapentin 100m times daily. Zolpidem Tartrate Review on 5/24/18 revealed:	6/30/18 for Client #2 revealed: 6/1/09 with diagnoses of ury and Mild Intellectual medications included: nuscle spasms) twice daily. nuscle spasms) 2 caps three 10mg (sleep) at bedtime of March-May 2018 MARs				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL075-023	B. WING		05/3	31/2018	
HOLLY HILL				DRESS, CITY, STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 118	3/30/18 pm doseGabapentin was n 3/30/18, 4/28/18, 4/ dosesZolpidem Tartrate administered on 3/1 4/2/18-4/30/18. The medication and for No order for self-ad noon dose was ava Interview on 5/31/18 Professional (QP) n -Client #2 took a ba Gabapentin in her le this during lunch. N self-administer orde -Staff completed the medication and ser MAR.	not initialed as administered on 29/18 and 4/30/18 all noon was not initialed as 1/18-3/31/18 and 2 count sheet for this this time period were signed. In inistration of Gabapentin for ilable. B with the Qualified evealed: aggie with her noon dose of unch box and self-administers to one had ever asked about a er. accounts sheets for each eved as their backup to the	V 118				

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