| Division o               | f Health Service Regu  | lation   | No. Ma TOLE              | CONSTRUCTION   | (X3) DATE SU   | RVEY             |
|--------------------------|--|--|--------------------------|--|--|------------------|
|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | · ·                      |  | COMPLE   | red              |
| AND PLAN C               | F CORRECTION   |  | WIDN NOWBEK: Y BRITDING: |  |  | 1                |
| 1.0                      |  | MHL092-890   | B. WING                  |  | 05/14  | /2018            |
|                          |  | SYREET AD  | DRESS, CITY, ST          | ATE, ZIP CODE  |  |                  |
| NAME OF PI               | ROVIDER OR SUPPLIER  |  | OR DRIVE                 |  |  |                  |
| ARBOR H                  | OUSE   |  | , NC 27612               |  |  |                  |
|                          |  |  | ID                       | PROVIDER'S PLAN OF CORRECTION  | N  | (X5)<br>COMPLETE |
| (X4) ID<br>PREFIX<br>TAG | (CACH DESIGISM)  | TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG            | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY)   | 85   | COMPLETE<br>DAYE |
| V 000                    | INITIAL COMMENTS   | 3  | ∨000                     | V117<br>27G.0209(8) Medication Requirements -  |  | 6/20/18          |
|                          | Deficiencies were cli This facility is license   | es completed 5/14/18. ed. ed for the following service 2 27G .5600C Supervised Developmental Disabilities.   |                          | Proper handling of medication is clearly outlined in "Medication Requirements" policy. In order to prov Incident from occurring in the future, the Group Hor will be required to retake medication administration onsure proper handling of medication. The Resido Supervisor will ensure that the group home manag retaken the medication administration training and on-site medication check has been completed by a ensure quality control and compliance. | eni mis<br>në Manager<br>(raining lo<br>ntial<br>er has<br>ihat an |                  |
| V 117                    | 27G .0209 (B) Medic  | cation Requirements  | V 117                    |  |  | 6/20/18          |
|                          | dispensed by a phar manufacturer's label visible; (2) Prescription me or obtained as samp tamper-resistant pactisk of accidental ing packeging includes with tamper-resistant unit-of-use package may be adequate; (3) The packaging drug dispensed must (A) the client's nam (B) the prescriber's (C) the current dispended in the prescriber's (E) the name, strendate of the prescriber (F) the name, addrug tharmacy or dispended. | raging and labeling: In drug containers not I macist shall relain the I with expiration dates clearly I with expiration be dispensed in I ckaging that will minimize the I gestion by children. Such I plastic or glass bottles/vials I caps, or in the case of I d drugs, a zip-lock plastic bag I label of each prescription I include the following: I include the fol |                          | RECEIVI<br>JUN 2 1 2<br>DHSR-MH Licen  | 018  |                  |
|                          |  |  |                          |  |  |                  |
| m\ 1-1 C11-              | Allh Concer Regulation   |  |                          |  |  | Orga DATE        |

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

STATE FORM

| STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION  (X) INCOMPLETE  AND FLAN OF CORRECTION  MHILD92-980  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2IP CODE 3799 ARBOR DRIVE RAIEOR HOUSE  (A) ID PRETTY TAD  SLAMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST ARE PRECEDED BY FLLL REGULATORY OR LEC IDEMIFTING INFORMATION)  V117  Continued From page 1  V117  Continued From page 1  V117  This Rule is not met as evidenced by: Based on observation, record review and interview, facility staff failed to assure one of three audited citents medications was securely maintained with the manufacturer's table including the prescriber's and pharmacy's contact information (#2). The findings are:  Observation on 5/10/18 at approximately 3:00 PM of client #2's medications revealed a zip lock bug with 2 small peach colored pills with hand written information identifying the pills are "Excoferable"  Review on 5/10/18 of client #2's record revealed: - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autien, Anxiety Disorder and Chronic Hepatities - 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 administer once daily as needed - March, April and May 2018 medication englecting the medication belonged to client #2 and was administered the medication belonged to client #2 and was administered to cloed boxed by a 8:00 AM. The Administrative Liaison reported the medication looked boxed   | Division of Health Service Regulation |  | O'N MUNTOUT  | COMPTOUCTION | (X3) DAYE                                       | SURVEY                        |          |
|--|---------------------------------------|--|--|--------------|---|-------------------------------|----------|
| NAME OF PROVIDER OR SUPPLIER  ARBOR HOUSE  ARBOR HOUSE  ARBOR MOUSE  SUMMARY STATEMENT OF DEPICIENCE STORM ARBOR DRIVE RALEIGH, NC 27612  REQUID SUMMARY STATEMENT OF DEPICIENCE STORM ARBOR DRIVE RALEIGH, NC 27612  REQUID SUMMARY STATEMENT OF DEPICIENCE STORM ARBOR DRIVE REQUIRED CATCH SHOULD BE GROUNDED THAT REQUIRED TO BEACH CORRECTION AND USE TO REACH CORRECTION AND USE THAT THE REPORT OF THE PRESENCE OF TO THE PRESENCE OF   |                                       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | 1 ' '        |   |                               |          |
| MAKE OF PROVIDER OR SUPPLIER 3709 ARBOR DRIVE RALEIGH, NC 27612  \$100 ARBOR DRIVE RALEIGH, NC 27612  \$ | MAIO FONA C                           | AND POST OF CONTROL OF |  | V BOILDING:  |   |                               |          |
| ARBOR HOUSE  ARBOR DRIVE  ARBOR   |                                       |  | MHL092-890   | B. WING      |   | 06/                           | 14/2018  |
| ARBOR HOUSE  RALEIGH, NC 27612  PREPRIX REQUATORY OR LSC IDENTIFYING INFORMATION)  PREPRIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 117  Continued From page 1  V 117  Continued From page 1  This Rule is not met as avidenced by: Based on observation, record review and interview, facility staff failed to assure one of three audited cilents medications was securely maintained with the manufacturer's tabel including the prescriber's and pharmacy's contact information (#2). The findings are:  Observation on 5/10/18 at approximately 3:00 PM of cilent #2's medications revealed a zip lock bag with 2 email peach colored pills with hand written information identifying the pills as "Fexofenadine HCL 180 mg for allergies pill as needed".  Review on 5/10/18 of cilent #2's record revealed:  - an admission date of 2/19/14  - an FL2 dated 11/20/17 with diagnoses including kullsm, 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 was administerion reflecting the medication belonged to client #2 and was administerion do locked boxed decided and was administered ables one ported to locked boxed decided and locked boxed decided and locked boxed decided and locked boxed decided and locked boxed decided boxed decided and locked boxed decided and locked boxed decided boxed decided and locked boxed decided locked   | NAME OF PE                            | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   |  |              |   |                               |          |
| SUMMARY STATEMENT OF DEFICIENCIES   10   PREPIX   REQUISITED AND TO CONSECTION   REQUISITED AND THE PRECEDED BY FILL   REQUISITED AND THE PREPIX   REQUISITE   |                                       |  |  |              |   |                               |          |
| Document  | ARBOR H                               |  |  | , NC 27612   |   |                               | T ~~     |
| 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:  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 attergies pill as needed".  Review on 6/10/18 of client #2's record revealed: - an admission date of 2/19/14 - an FL2 dated 1/120/17 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  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 Administratice ted allocked boxed  | PRÉFIX                                | (FACH DEFICIENC  | Y MUST BE PRECEDED BY FULL   | PREFIX       | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | ON SHOULD BE<br>HEAPPROPRIATE | COMPLETE |
| 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:  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 altergies pill as needed".  Review on 5/10/18 of client #2's record revealed:  - an afmission date of 2/19/14  - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatilis B  - a physician's order dated 8/15/17 for Expending 180 mg with Instructions to administer once daity as needed  - March , April and May 2018 medication administration records with documentation reflecting the medication belonged to client #2 and was administered During an Interview on 5/10/18, the Administrative Liaison reported the medication belonged to client #2 and was administered docked boxed   | V 117                                 | Continued From page  | 31   | V 117        |   | •                             | 6/20/18  |
| would be purchased for the medicallon.  During an interview on 5/14/18, the Qualified Professional/ Residential Manager reported the medications in the zip lock bag were probably   |                                       | Based on observation interview, facility staff three audited client's maintained with the rincluding the prescrit information (#2). The Observation on 5/10/10 of client #2's medical with 2 small peach or information identifyin HCL 180 mg for aller Review on 5/10/18 or an admission date an FL2 dated 11/2 including Autism, And Hepatitis Brain a physician's orde Expending 180 mg wonce daily as needed administration record reflecting the medical was administered During an interview of the purchased During an interview of the purchased During an interview of the professional/ Reside   | n, record review and failed to assure one of medications was securely nanufacturer's label per's and pharmacy's contact findings are:  "18 at approximately 3:00 PM alons revealed a zip lock bag blored pills with hand written gith pills as" Fexofenadine gies pill as needed".  If client #2's record revealed:  If client #2's record |              |   |                               |          |

| Division 0  | f Health Service Regu                         | ation   | (X2) MUITIPLE       | CONSTRUCTION   | X3) DAYE SURVEY | ٦            |
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| STATEMENT<br>AND PLAN O                               | OF DEFICIENCIES<br>F CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA<br>IOENTIFICATION NUMBER:                                 | A BUILDING:         |  | COMPLETED       |              |
| NIB 1 DAT 0   | <b></b>                                       | MHL092-89'0   | B, WNG              |  | 05/14/2018      | $\downarrow$ |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST |   |   |                     | NE, ZIP CODE   |                 | ١            |
|   |   | 3709 ARE  | OR DRIVE            |  |                 | ١            |
| ARBOR H   | DUSE  | RALEIGH   | , NC 27612          | The state of the conferment  | (X5)            | $\dashv$     |
| (X4) ID<br>PREFIX<br>TAG                              | CACH BESIDENC                                 | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD &<br>CROSS-REFERENCED TO THE APPROPRI<br>DEFICIENCY) | E COMPLETE      |              |
| V 117   | Continued From page                           | e 2   | V 117               |  |                 | ١            |
| V 11/   | brought to the home                           |   |                     |  |                 | ١            |
|   | prougnt to the nome                           | ny chantine a paroini   |                     | •  |                 |              |
| V 119   | 27G .0209 (D) Medic                           | cation Requirements   | V 119               | V119   | 6/20/18         | ,            |
| 1   | 10A NCAC 27G .020                             |   |                     | 27G.0209(D)-Medication Requirement<br>Proper handling of medication is clearly                                       | s.<br>y         |              |
|   | REQUIREMENTS                                  | S MEDIOMICI   |                     | oullined in the agency's "Medication   |                 |              |
|   | (d) Medication dispo                          | sal:  |                     | Requirements" policy. (Please see alt<br>in order to prevent this incident from o                                    | ached)          |              |
|   | (1) All prescription at                       | nd non-prescription   |                     | In the future, the Group Home Manage   | rwii            |              |
|   | medication shall be t                         | disposed of in a manner that sion or accidental ingestion.                            |                     | retake medication administration train   | ng to           |              |
|   | (2) Non-controlled 51                         | ibstances shall be disposed   |                     | ensure medications are properly check<br>expiration dates. The Residential Sup                                       | ervisor,        |              |
|   | of by incineration, flu                       | ishing Into septic or sewer   |                     | will ensure group home manger has re   | ataken          |              |
|   | system, or by transfe                         | er to a local pharmacy for  |                     | medication administration training and oneite monthly medication checks are  | inal            |              |
|   | destruction. A record<br>shall be maintained  | i of the medication disposal  |                     | completed by a supervisor to ensure of   | uality          |              |
|   | Documentation shall                           | I specify the client's name,  | 4                   | control and compliance with medication   | n               |              |
|   | madication name, st                           | rength, quantity, disposal  |                     | requirements policy.   |                 |              |
|   | date and method, th                           | e signature of the person   |                     |  |                 |              |
|   | disposing of medica<br>witnessing destruction | lion, and the berson  |                     |  |                 |              |
|   | (3) Controlled substi                         | ances shall be disposed of in   |                     |  |                 |              |
|   | accordance with the                           | North Carolina Controlled   |                     |  |                 |              |
|   | Substances Act, G.S                           | 5. 90, Article 5, including any   |                     |  |                 |              |
|   | subsequent amendr                             | nents.<br>of a patient or resident, the   |                     |  |                 |              |
|   | remainder of his or                           | her drug supply shall be  |                     |  |                 |              |
|   | disposed of prompti                           | v unless il is reasonably   |                     |  |                 |              |
|   | expected that the pa                          | atient or resident shall return   |                     |  |                 |              |
|   | to the facility and in                        | such case, the remaining<br>of be held for more than 30                               |                     |  |                 |              |
|   | calendar days after                           | the date of discharge.  |                     |  |                 |              |
|   | Calonial days Inc.                            | . <del>-</del>  |                     |  |                 |              |
|   |   |   |                     | · ·  |                 |              |
|   |   |   |                     |  |                 |              |
|   | ,   | . the the   |                     |  |                 |              |
|   | This Rule is not me                           | et as evidenced by:<br>on, record review and  | ,                   |  |                 |              |
| 1   | interview facility sta                        | off falled to assure one of   |                     |  |                 |              |
| I   | 1   |   | 1                   |  |                 |              |

| Division of Health Service Regulation |   | (X2) MULTIPLE CO   | NSTRUCTION          | (X3) DATE SURV   | ÆY<br>D                                       |                    |
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| STATEMENT (                           | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | A BUILDING:         |  | COMPLETE                                      | -                  |
| AND PLAN UP                           | D PLAN OF CORRECTION IDENTIFICATION NUMBERS   |  |                     |  | 05/14/2                                       | 018                |
|                                       |   | MHL082-890   | 8, WNG              |  | 1 05/14/2                                     |                    |
|                                       | AL COMPANY OF THE PROPERTY OF | STREET ADI   | DRESS, CITY, STATE. | ZIP CODE   |   |                    |
| NAME OF PR                            | OVIDER OR SUPPLIER  | 3708 ARB   |                     |  |   |                    |
| ARBOR HO                              |   |  | NC 27612            | PROVIDER'S PLAN OF CORRECTIO   | N   | (X6) -<br>COMPLETE |
| (X4) ID<br>PREFIX<br>TAG              |   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | PREFIX<br>YAG       | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPRIED | , B122 I                                      | DATE               |
| V 119                                 | Continued From pag  | expired medication was   | V 119               |  | 6   | 6/20/18            |
|                                       | disposed of to guard<br>ingestion(#2). The fi   | against accidental   |                     |  |   |                    |
|                                       | revealed Acidophilu<br>stored un-secured in<br>expiration date on the<br>2018.  | s and Bindus capsules were  n the refrigerator. The  ne medication was March   |                     |  |   |                    |
|                                       | - an admission da' - an FL2 dated 11. including Autism, A Hepalitis B - a physician's ord Acidophilus capsul  | /20/17 with diagnoses nxiely Disorder and Chronic ler dated 2/21/18 for one e to be administered once daily d May 2018 medication ords with documentation catlon |                     |  | ·   |                    |
|                                       | During an interviev<br>Lialson reported si<br>medication had ex   | y on 5/10/18, the Administrative<br>he was not aware the<br>pired.   |                     |  |   | 0/00/4B            |
| V 12                                  | 10A NCAC 27G .C<br>REQUIREMENTS<br>(e) Medication Sto<br>(1) All medication<br>(A) in a securely I<br>well-lighted, venti<br>and 86 degrees F<br>(B) in a refrigerate<br>degrees and 46 of  | orage:<br>shall be slored:<br>ocked cabinet In a clean,<br>lated room between 59 degrees   | V 120               | V120 27G.0209 (E) The Group Home Manager received supervision regathis and the refrigerated medications will now be locked box, within a separefrigerator in the office of group home - separate frigeroup home's refrigerator   | raing<br>cept in a<br>rate<br>f the<br>om the | 6/20/18            |

| Division of              | f Health Service Regi  | ulation  | (X2) MULTIPLE C    | ONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED |
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| STATEMENT                | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | A, BUILDING:       |   | VO.11.2 CO. 1                 |
| MADEDATO                 |  |  |                    |   | 05/14/2018                    |
|                          |  | MHL092-880   | B. WING            |   |                               |
|                          | ROVIDER OR SUPPLIER  |  | dress, City, Stati | E, ZIP CODE   |                               |
|                          |  |  | OR DRIVE           | ·   |                               |
| ARBOR H                  |  |  | NC 27612           | PROVIDER'S PLAN OF CORRECTION   | ON (X6)                       |
| (X4) ID<br>PREFIX<br>TAG | ALL MCCIOICA   | STATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDEO BY FULL<br>R LSC IDENTIFYING INFORMATION)   | PREFIX<br>TAG      | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY) | ) RE   Ouin 10.1.             |
| V 120                    | Continued From pa  | ge 4   | V 120              |   |                               |
|                          | (E) In a secure mail for a client to self-in (2) Each facility that controlled substance the con | external and internal use,  ner if approved by a physician  nedicate.  It maintains stocks of  se shall be currently  North Carolina Controlled  S. 90, Article 5, including any   |                    |   |                               |
|                          | Based on observal Interview, one of the medications was refrigerator (#2). To Observation on 5/revealed Acidophi stored un-secured   | net as evidenced by: tion, record review and hree audited client's not securely stored in the 'he findings are: 10/18 at 4:02 PM of the kitchen lus and Bifidus capsules were I in the refrigerator. 8 of client #2's record revealed; |                    |   |                               |
|                          | - an admission of an FL2 dated fincluding Autism, Hepatitis B - a physician's of Acidophilus caps - March , April a administration reflecting the mewas administration for the control of  | late of 2/19/14 11/20/17 with diagnoses Anxiety Disorder and Chronic order dated 2/21/18 for one ute to be administered once dally and May 2018 medication cords with documentation dication   |                    |   |                               |

| STATEMENT                | of Health Service Regul<br>OF DEFICIENCIES<br>OF CORRECTION        | ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                              | 1 ' '                    | CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |
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|                          |  | MHL092-890  | ß. WNG                   |   | 05/14/2018                    |
| NAME OF P                | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |   |                          |   |                               |
| ARBOR H                  | OUSE   |   | BOR DRIVE<br>I, NC 27612 |   |                               |
| (X4) ID<br>PREFIX<br>TAG | VEYOR VEELCIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | D BE   COMPLETE               |
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|                          |  |   |                          |   |                               |

Page 1 of 4

| Activity: Group Home             | Procedure No:   | IV.O.12              |
|----------------------------------|-----------------|----------------------|
| SUBJECT: MEDICATION REQUIREMENTS | Effective Date: | 05/09/17             |
| SUBJECT: MEDICATION REQUIREMENT  | Supersedes:     | 03/11/14             |
| SERVICES: MH/DD/SAS              | Approval        | Senior<br>Management |

# Policy:

Universal MH/DD/SAS is dedicated to ensuring that medications are dispensed, labeled, and disposed of in an appropriate manner. To this end, Universal complies with 10 NCAC.27G with regard to medication requirements.

# Procedures:

1) Medication Dispensing:

a) Medications shall be dispensed only on the written order of a physician or other

practitioner licensed to prescribe;

b) Dispensing shall be restricted to physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, container, and its contents are physically checked and approved by the authorized person prior to dispensing.

c) Prescriptions will be refilled when there is a minimum of five (5) daily doses remaining. If the prescription is active, the Group Home staff will call the medical professional and arrange an appointment to see that the prescription is rewritten. This must be accomplished prior to the minimum of five (5) daily doses of the medication remaining.

Group Home must keep a copy of the prescriptions on site.

2) Medication Packaging and Labeling:

a) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;

- b) 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:
- c) The packaging label of each prescription drug dispensed must included the following:
  - i) the person's served name;
  - ii) the prescriber's name;
  - iii) the current dispensing date;
  - iv) clear directions for self-administration;
  - v) the name, strength, quantity, and expiration date of the prescribed drug; and
  - vi) the name, address, and phone number of the pharmacy or dispensing practitioners (e.g. mh/dd/sas center), and the name of the dispensing practitioner.

Page 2 of 4

| Activity: Group Home             | Procedure No:   | IV.O.12    |
|----------------------------------|-----------------|------------|
| SUBJECT: MEDICATION REQUIREMENTS | Effective Date: | 05/09/17   |
|                                  | Supersedes:     | 03/11/14   |
| SERVICES: MH/DD/SAS              | Approval        | Senior     |
|                                  | <u> </u>        | Management |

3) Purchase of Medications:

- a) Medications are purchased through an established relationship with local pharmacies;
- b) Pharmacies will bill funding sources directly (i.e.: insurance, Medicare, Medicaid). In any case where a co-pay is owed or medication is not covered by funding source, payment will be taken from individual's private funds. Receipts will be kept and individual's fund will be reconciled monthly.

4) Medication Administration:

- a) 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; Medications should be self administered by clients only when authorized in writing by the client's physician.
- b) A Medication Administration Record (MAR) of all drugs administered to each person served must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:
  - i) person's served name;
  - ii) name, strength, and quantity of drug;
  - iii) instructions for administering the drug;
  - iv) date and time drug is administered; and
  - v) name or initials of person administering the drug;
- c) Person served requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician;
- d) Prescription or non-prescription drugs shall only be administered to a person served on the written order of a person authorized by law to prescribe drugs.

5) Medication Disposal:

- All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion; a record of the medication disposal should be maintained to the program. Documentation should specify the person's served name, medication name, strength, quantity, disposal date, and method, signature of person disposing of medication and witness signature.
- a) Non-controlled substances shall be disposed of by incineration or transfer to a local pharmacy for destruction. A record of the disposal shall be maintained by the program.
- b) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments;
- c) Upon discharge of a resident, the remainder of his/her drug supply shall be disposed of properly.

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|----------------------------------|-----------------|------------|
| SUBJECT: MEDICATION REQUIREMENTS | Effective Date: | 05/09/17   |
| ·                                | Supersedes:     | 03/11/14   |
| SERVICES: MH/DD/SAS              | Approval        | Senior     |
|                                  |                 | Management |
|                                  |                 |            |

# 6) Medication Storage:

- a) All medication shall be stored:
  - i) In a securely locked cabinet in a clean, well-lighted, ventilated room between 59 and 86 degrees F;
  - ii) In a refrigerator, if required, between 36 and 46 degrees F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;
  - iii) Separately for each person served;
  - iv) Separately for external and internal use;
  - v) In a secure manner if approved by a physician for a person served to self-medicate.
  - vi) Each facility that maintains stocks of controlled shall be currently registered under the North Carolina Controlled Substances Act and shall be in compliance with the North Carolina Substances Act, G.S. 90, Article 5, including any subsequent amendments.

### 7) Medication Review:

- a) If a person served receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review by a pharmacist or physician of each person's served drug regimen at least every six (6) months. The director or contractor shall assure that the person's served physician is informed of the results of the review when medical intervention is indicated;
- b) The findings of the drug review shall be recorded in the person's served record along with corrective action, if applicable.

#### 8) Medication Education:

- Each person served started or maintained on a medication shall receive either oral or written education regarding the prescribed medication by the physician or their designee;
- b) The medication education shall be sufficient to enable the person served or responsible person to make an informed consent, to safely administer the medication, and to encourage compliance with the prescribed regimen;
- c) The physician shall document in the person's served record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided, and to whom.

#### 9) Medication Errors:

a) Drug administration errors and significant adverse reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A person's served refusal of a drug shall be charted.

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|----------------------------------|-----------------|------------|
| Activity: Group Home             | Procedure No:   | IV.0.12    |
| SUBJECT: MEDICATION REQUIREMENTS | Effective Date: | 05/09/17   |
| SERVICES: MH/DD/SAS              | Supersedes:     | 03/11/14   |
| SERVICES: WH/DD/SAS              | Approval        | Senior     |
|                                  | <u> </u>        | Management |

# 10) Vacations/Home Visits/Outings

a) Prescription medication may be transported during outings, home visits, or vacations in either the entire prescription bottle or an entire prescription bottle with a limited amount of the prescription;

b) If the individual to whom the medication is prescribed is their own guardian, the

individual may keep control of their medication bottle;

c) If the individual to whom the medication is prescribed is not their own guardian, the medication will be kept in a locked container, in the prescription bottle during transportation and outings.

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# MH/DD/SAS "Caring People, Caring for People"

Universal Mental Health Services, Inc 839 Wilkesboro Blyd Lenoir, NC 28645 Phone: 628-759-2228 Fax: 828-759-0159

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| Fax: 919-715-8078      | Pages: // (Including coversheet) |
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