PRINTED: 06/27/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
ANDILAN	or doring of the state of the s	IDENTIFICATION NOMBER.	A. BUILDING: _					
		MHL092-475	B. WING		R 06/05/2018			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
WHITTEC	WHITTECAR GROUP HOME 3257 LAKE WOODARD DRIVE							
RALEIGH, NC 27604								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	An annual and follow- 6/5/18. Deficiencies v	-up survey was completed vere cited.						
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.						
V 118	27G .0209 (C) Medica	ation Requirements	V 118					
	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 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							

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  (X3) DATE SURVE COMPLETED			
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		MHL092-475	B. WING		06/05/2018		
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WHITTEC	WHITTECAR GROUP HOME 3257 LAKE WOODARD DRIVE						
RALEIGH, NC 27604							
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V 118	Continued From page	<del>:</del> 1	V 118				
	This Rule is not met Based on record revie failed to assure Medic	ew and interview, staff #2					
		updated after medications r 3 of 3 audited clients (#1, are:					
	Review on 6/4/18 of client #1's record revealed: - an admission date of 6/22/92 - an FL2 dated 4/6/18 with diagnoses including Bipolar Disorder, Pre Diabetes and Mental Retardation						
	<ul> <li>physician's orders</li> <li>2.5 mg with instruction</li> <li>daily; Divalproex Sod with instructions to</li> </ul>	administer 1 tablet twice					
	administer 1 tablet aff	with instructions to mix with					
	- June 2018 MAR wi reflect Olanzapine, Di Tamsulosin were adm	ith no documentation to ivalproex Sodium nor					
	- an admission date	client #2's record revealed: of 7/6/94 8 with diagnoses including					
	Generalized Anxiety I Retardation and Oste	Disorder, Mild Mental					
	with Iron with instruction daily; Vitamin D 3 10	tions to administer 1 tablet					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION (X3) DATE SURVE COMPLETED		
			7. BOILBING.		R	
		MHL092-475	B. WING		06/05/2018	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
WHITTEC	AR GROUP HOME	3257 LAKE	WOODARD D	RIVE		
		RALEIGH,	NC 27604			
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V 118	Continued From page	2	V 118			
	1 tablet daily, Calciun Vitamin D 315/200 administer 1 tablet; M instructions to admini daily - June 2018 MAR wi	with with instructions to letoprolol Suc. 25 mg with				
	<ul> <li>an admission date</li> <li>an FL2 dated 2/20/Mild Mental Retardati</li> <li>Allergies</li> <li>physician's orders</li> <li>10 mg with instructio</li> <li>daily; Vitamin D 3 50 instructions to adn</li> <li>physician's orders</li> <li>mg with instructions to daily; Meloxicam 7.5 instructions to adn</li> <li>food as needed</li> <li>June 2018 MAR with</li> </ul>	/18 with diagnoses including on, Psoriatic Arthritis and dated 2/20/18 for Loratidine ns to administer 1 tablet 00 units with ninister 1 tablet daily dated 4/5/18 for Otezla 30 o administer 1 tablet twice				
	received medications	6/5/18, clients reported they on time daily. n 6/4/18, staff #2 reported				
	she filled in over the v Staff #2 reported she	veekend for a co-worker.				
V 119	27G .0209 (D) Medica	ation Requirements	V 119			

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	i Health Service Regu		1		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					В
		B. WING		R	
		MHL092-475	D. WING		06/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			E WOODARD D		
WHITTEC	AR GROUP HOME			JKIVE	
		RALEIGH	NC 27604		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(/
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE
				22.16.2.16.1	
V 119	Continued From page	3	V 119		
	Communication page	. 0			
	10A NCAC 27G .0209	9 MEDICATION			
	REQUIREMENTS				
	(d) Medication dispos	al:			
	(1) All prescription and	d non-prescription			
		isposed of in a manner that			
		ion or accidental ingestion.			
		ostances shall be disposed			
		shing into septic or sewer			
		to a local pharmacy for			
	destruction. A record of the medication disposal shall be maintained by the program.				
		specify the client's name,			
		ength, quantity, disposal			
	date and method, the signature of the person				
	disposing of medication, and the person				
	witnessing destruction				
		nces shall be disposed of in			
	accordance with the N	North Carolina Controlled			
	Substances Act, G.S.	90, Article 5, including any			
	subsequent amendme	ents.			
	(4) Upon discharge of	f a patient or resident, the			
	remainder of his or he	er drug supply shall be			
		unless it is reasonably			
		ent or resident shall return			
		uch case, the remaining			
	•	be held for more than 30			
	calendar days after th				
	calendar days after th	le date of discharge.			
	This Rule is not met				
	Based on observation	•			
	interviews, the governing body failed to assure				
	medication was disposed of to guard against				
accidental ingestion for one of three audited					
	clients (#3). The findings are:				
	, ,	•			

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Observation on 6/4/18 of client #3's medications

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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V 119	Continued From page	÷ 4	V 119				
V 119	revealed Meloxicam 7 had an expiration date Review on 6/4/18 of c - an admission date - an FL2 dated 2/20/ Mild Mental Retardati Allergies - physician's order of 7.5 mg with instruction daily with food as need - June 2018 MAR with reflect the above median above median dark of the medication was of the medic	7.5 tablets were present and e of 5/30/18.  Slient #3's record revealed: of 1/4/06 18 with diagnoses including on, Psoriatic Arthritis and dated 4/5/18 for Meloxicam ons to administer 1 tablet eded the no documentation to lication was administered	V 119				

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