

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
---	---

(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 and follow-up survey was completed 6/5/18. 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 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118	<p><i>Please see Attachment</i></p> <p>DHSR - Mental Health</p> <p>JUL 05 2018</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

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

Mehona Duggal NC Adult Residential Director

TITLE

(X8) DATE

7-2-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2018
NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604		
(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 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, staff #2 failed to assure Medication Administration Records (MAR) were updated after medications were administered for 3 of 3 audited clients (#1, #2, #3). The findings 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 - physician's orders dated 4/6/18 for Olanzapine 2.5 mg with instructions to administer 1 tablet daily; Divalproex Sodium ER 500 mg with instructions to administer 1 tablet twice daily; Tamsulosin 0.4 mg with instructions to administer 1 tablet after supper; Poly Glycol 17 GM with instructions to mix with 8 ounces of fluid and drink once daily - June 2018 MAR with no documentation to reflect Olanzapine, Divalproex Sodium nor Tamsulosin were administered 6/1/18 and no documentation Poly Glycol was administered 6/2/18 Review on 6/4/18 of client #2's record revealed: - an admission date of 7/6/94 - an FL2 dated 5/1/18 with diagnoses including Generalized Anxiety Disorder, Mild Mental Retardation and Osteoporosis - physician's orders dated 5/1/18 for Vitamin C with Iron with instructions to administer 1 tablet daily; Vitamin D 3 1000 units with instructions to administer 2 tablets daily,	V 118	<i>Please see Attachment</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/05/2018
NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604		
(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 118	<p>Continued From page 2</p> <p>Citalopram 20 mg with instructions to administer 1 tablet daily, Calcium Citrate - Vitamin D 315/200 with with instructions to administer 1 tablet; Metoprolol Suc. 25 mg with instructions to administer 1 tablet daily</p> <ul style="list-style-type: none"> - June 2018 MAR with no documentation to reflect the above medications were administered 6/2/18 <p>Review on 6/4/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 1/4/06 - an FL2 dated 2/20/18 with diagnoses including Mild Mental Retardation, Psoriatic Arthritis and Allergies - physician's orders dated 2/20/18 for Loratidine 10 mg with instructions to administer 1 tablet daily; Vitamin D 3 5000 units with instructions to administer 1 tablet daily - physician's orders dated 4/5/18 for Otezla 30 mg with instructions to administer 1 tablet twice daily; Meloxicam 7.5 mg with instructions to administer 1 tablet daily with food as needed - June 2018 MAR with no documentation to reflect the above medications were administered 6/1/18 or 6/2/18 <p>During interviews on 6/5/18, clients reported they received medications on time daily.</p> <p>During an interview on 6/4/18, staff #2 reported she filled in over the weekend for a co-worker. Staff #2 reported she administered the medications but failed to document on the MARs.</p>	V 118	<p><i>Please See Attachment</i></p>	
V 119	27G .0209 (D) Medication Requirements	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2018
NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604		
(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 119	Continued From page 4 revealed Meloxicam 7.5 tablets were present and had an expiration date of 5/30/18. Review on 6/4/18 of client #3's record revealed: - an admission date of 1/4/06 - an FL2 dated 2/20/18 with diagnoses including Mild Mental Retardation, Psoriatic Arthritis and Allergies - physician's order dated 4/5/18 for Meloxicam 7.5 mg with instructions to administer 1 tablet daily with food as needed - June 2018 MAR with no documentation to reflect the above medication was administered April through June 2018 During an interview on 6/4/18, staff #2 reported the medication was only given as needed and one one had noticed the medication was expired.	V 119	<i>Please see Attachment</i>	

All of the following plan of corrections will be implemented by August 4th, 2018

V 118 27G.0209 (C) Medication Requirements

10A NCAC 27G.0209: (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.

Whittecar will assure Medication Administration Record are updated after medications are administered by completing an in service reviewing the 6 rights of Medication administration and Medication error procedure. All staff will sign in for the in service and will also sign off acknowledging the Medication Error Procedure. The Program Director will be reviewing the MAR's and completing observations of medication administration on a consistent basis to ensure that the proper medication administration procedures are being followed at all times.

V 119 27G.0209 (D) Medication Requirements

10A NCAC 27G.0209 (D): Medication Disposal

- (1) All prescription and non-prescription medication shall be disposed of in a manner that 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.

Whittecar will ensure that all medications are disposed of appropriately per a discharge or expiration of medication. An in-service will be completed to review the proper procedure to dispose of medications due to a discharge, medication expirations, or medications discontinued. Also a weekly check list will be implemented to check all medications to include PRN orders, for any of the above circumstances to confirm that any needed medication disposal is addressed immediately. The RCII will be responsible for completing this form weekly. Also part of the procedure for expiring medications will be to order a week prior to the expiration date.