| Division of Health Service Regulation (X3) DATE SURVEY | | | | | | |
|--|---|--|----------------------------|--|------------|--|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | COMPLETED | |
| AND PLAN OF CORRECTION | | IDENTIFICATION NOWDER, | A. BUILDING: | | | |
| | | | | | R | |
| | | MHL092-475 | B. WING | | 06/05/2018 | |
| MANAGOGO | OVIDED OD SUDDUED | QTDEET AD | DRESS, CITY, STA | TE. ZIP CODE | | |
| NAME OF PE | ROVIDER OR SUPPLIER | | | | | |
| WHITTEC | AR GROUP HOME | | E WOODARD D | IUIAE | | |
| | | KALEIGH | , NC 27604 | | 1 (4) | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) | | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX | CROSS-REFERENCED TO THE APPROPR | JATE DATE | |
| IAG | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | | DEFICIENCY) | | |
| | | | 1,,,,,, | | | |
| V 000 | INITIAL COMMENTS | 3 | V 000 | | | |
| | | | | | | |
| | | -up survey was completed | | | | |
| | 6/5/18. Deficiencies v | vere cited. | | | | |
| | This facility is the com- | ed for the following service | | | | |
| | I nis racility is license | ed for the following service 27G .5600C Supervised | | Please See mer | | |
| | category: 10A NCAC | Developmental Disabilities. | | | | |
| | LIVING for Adults with | Developmental Disabilities. | | 1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| | | | V 118 | | + | |
| V 118 | 27G .0209 (C) Medic | ation Requirements | V 110 | P . P | <i>/</i> | |
| 1 | 404 11040 070 000 | O MEDICATION | | ne \ \ all | | |
| | 10A NCAC 27G .020 | 9 MEDICATION | 1 | a A M | | |
| | 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 | | | 1 1 Mach | | |
| | | | | N X + 100 | | |
| | | | | | | |
| | | | | | | |
| | 1 | monized by law to prescribe | | | | |
| | drugs. | be self-administered by | | | | |
| | | thorized in writing by the | ŀ | , | | |
| | client's physician. | monzed in writing by the | | DHSR - Mental Healt | h | |
| | (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, | | | DI IOIX - Welltai Healt | .31 | |
| | | | - [| | | |
| | | | | JUL 0 5 2018 | | |
| | | egally qualified person and | | · | | |
| | privileged to prepare | and administer medications. | | lia e o o ·· | | |
| | (4) A Medication Adr | ninistration Record (MAR) of | | Lic. & Cert. Section | | |
| | all drugs administere | ed to each client must be kept | | | | |
| | | administered shall be | | | | |
|] | | y after administration. The | | | | |
| | MAR is to include the | e following: | | | | |
| | (A) client's name; | | | | | |
| | (B) name, strength, | and quantity of the drug; | | | | |
| | (C) instructions for a | dministering the drug; | | | | |
| 1 | (D) date and time the | e drug is administered; and | 1 | | | |
| | 1 '. ' | of person administering the | | | | |
| | drug. | direction obs | | | | |
| 1 | (5) Client requests to | or medication changes or | 1 | | | |
| | checks shall be reco | orded and kept with the MAR | | | | |
| | | ppointment or consultation | | | | |
| | with a physician. | | | | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Whoda Day NC Adult Legidential
STATE FORM

ORDER

ORDE

| Division of Health Service Regulation | | | (V2) DATE SHOWEV | | | |
|---|--|---|------------------|--|-------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | | | |
| | | B. WING | | R | | |
| | | MHL092-475 | D. WING | | 06/05/2018 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | 1 | |
| | | 3257 LAK | E WOODARD D | RIVE | | |
| WHITTEC | AR GROUP HOME | | , NC 27604 | | | |
| | O: BASAMI OT | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | V (X5) | |
| (X4) ID PREFIX | | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD | BE COMPLETE | |
| TAG | | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | RIAIE DAIE | |
| | | | | DEI IOLEITO // | | |
| V 118 | Continued From page | e 1 | V 118 | | | |
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| | | | | | | |
| | | | | 8 / | | |
| | | | | | \ / | |
| | | | | | | |
| | | | | Plens See mer | 1 | |
| | This Rule is not met | as evidenced by: | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | √¹ | |
| | | ew and interview, staff #2 | | 1 y Se , su | v | |
| | | cation Administration | | \sim / μ_{l} | | |
| | Records (MAR) were | updated after medications | | , hh, | | |
| | were administered for 3 of 3 audited clients (#1, | | | \\M\\ | | |
| | #2, #3). The findings | are: | | 1 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
| | | . II | | 1 1/2/1 | | |
| | Review on 6/4/18 of client #1's record revealed: - an admission date of 6/22/92 | | | 1 7 4 | | |
| | | | | 1 | | |
| | | 18 with diagnoses including | | | | |
| | | Diabetes and Mental | | | | |
| | Retardation | - dated AIGIAD for Olansmains | | | | |
| | - physician's orders | s dated 4/6/18 for Olanzapine | | | | |
| | | ons to administer 1 tablet | | | | |
| | daily; Divalproex Soc | | | | | |
| | with instructions to administer 1 tablet twice daily; Tamsulosin 0.4 mg with instructions to | | | | | |
| | | | | | | |
| 1 | administer 1 tablet a | ner supper; If with instructions to mix with | | | | |
| } | 8 ounces of fluid and | | | | | |
| | | vith no documentation to | | and the second s | | |
| | | Divalproex Sodium nor | 1 | | | |
| | Tamsulosin were adı | | | | | |
| | 1 | ation Poly Glycol was | | | | |
| 1 | and no document administered 6/2/18 | and it diy diyou was | 1 | | | |
| | autilitiatered 0/2/10 | | | | | |
| | Review on 6/4/18 of | client #2's record revealed: | | | | |
| | - an admission date | | | | | |
| | | 18 with diagnoses including | | | | |
| | Generalized Anxiety | Disorder, Mild Mental | | | | |
| | Retardation and Ost | | | | | |
| | - physician's order | s dated 5/1/18 for Vitamin C | | | | |
| | with Iron with instru | ctions to administer 1 tablet | | | | |
| | daily; Vitamin D 3 1 | | | | | |
| 1 | | minister 2 tablets daily | | | | |

NA3311

| Division of Health Service Regulation | | | | | | |
|---------------------------------------|--|--|----------------------------|--|-------------------------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVID | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
| AND PLAN C | F CORRECTION | DEMINIONION NOMBER. | A. BUILDING: _ | | | |
| | | | B. WING | | R 06/05/2018 | |
| | | MHL092-475 | 15.1110 | | 1 00/03/2010 | |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STAT | | | |
| WHITTEC | AR GROUP HOME | | E WOODARD D | RIVE | | |
| | | | NC 27604 | PROVIDER'S PLAN OF CORRECTION | N (X5) | |
| (X4) ID PREFIX | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | (EACH CORRECTIVE ACTION SHOULD | BE COMPLETE | |
| TAG | REGULATORY OR | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPED DEFICIENCY) | BAIL BAIL | |
| | | ^ | V 118 | No. of the Control of | | |
| V 118 | . • | | V 116 | • | | |
| | | th instructions to administer | | | | |
| | 1 tablet daily, Calciur | n Citrate -) with with instructions to | | • | , | |
| | | Metoprolol Suc. 25 mg with | | | | |
| | instructions to admin | The state of the s | | 1 010 2 | | |
| | daily | itti — danumamini— ia | | 0\U\M | | |
| | | ith no documentation to dications were administered | | 1 o law | | |
| | 6/2/18 | areasono troio administrator | | 1 Ge 10 1V | | |
| | | | | | | |
| | Daviou or 6/4/40 of | client #3's record revealed: | | Plense homen | | |
| | - an admission date | | | <i>Σ</i> Χ <i>1</i> , | | |
| | | /18 with diagnoses including | | I, | | |
| | Mild Mental Retardat | ion, Psoriatic Arthritis and | | • | | |
| | Allergies | detect 2/20/40 for Largetiding | | | | |
| | | s dated 2/20/18 for Loratidine ons to administer 1 tablet | | | | |
| ļ | daily; Vitamin D 3 50 | | | | | |
| | instructions to adr | minister 1 tablet daily | | | | |
| | | s dated 4/5/18 for Otezla 30 | | | | |
| | mg with instructions to daily; Meloxicam 7.5 | to administer 1 tablet twice | | | | |
| | | minister 1 tablet daily with | | | | |
| | food as needed | | | | | |
| | | vith no documentation to dications were administered | | | | |
| 1 | 6/1/18 or 6/2/18 | ulcalions were authinistered | | | | |
| | | | | | | |
| | | 6/5/18, clients reported they | | | | |
| | received medications | s on time daily. | | | | |
| | During an interview of | on 6/4/18, staff #2 reported | | | | |
| | she filled in over the | weekend for a co-worker. | | | | |
| | Staff #2 reported she | | | | | |
| | medications but faile | d to document on the MARs. | | | | |
| \/ 110 | 27G .0209 (D) Medic | eation Requirements | V 119 | | | |
| " | 2, G.0209 (D) WEGIC | outon Noquiromonio | | | | |
| 1 | ſ | | 1 | 1 | | |

| Division | of Health Service Regu | lation | | | | |
|------------------------|-------------------------|---|------------------|---|-------------|------------------|
| | of Deficiencies | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | |
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | COMPL | |
| | | | 1.2.2.2 | | | , |
| | | NATIO 000 477 | B. WING | | A New | ()5/2018 |
| | | MHL092-475 | | | 1 00/0 | J/2010 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | TE, ZIP CODE | | |
| l | | 3257 LAF | E WOODARD D | RIVE | | |
| WHITTEC | AR GROUP HOME | RALEIGH | , NC 27604 | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRE | | (X5) |
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| | | | V 440 | | | |
| V 119 | Continued From page | 93 | V 119 | | | 1 |
| | 10A NCAC 27G .020 | 9 MEDICATION | | | | 1 |
| | REQUIREMENTS | | | | 1 4 | \mathcal{O} |
| | (d) Medication dispos | | | are. I | ANNYO | • |
| | (1) All prescription an | | | 0106/04 | 14 | |
| | | lisposed of in a manner that | | 1 11 10 111 | - | |
| | | sion or accidental ingestion. bstances shall be disposed | | 1 | | |
| | | shing into septic or sewer | | Please H | | |
| | | r to a local pharmacy for | | | | |
| | | of the medication disposal | | | | |
| | shall be maintained b | | | | | |
| | | specify the client's name, | | | | |
| | | ength, quantity, disposal | | | | |
| | | signature of the person | | | | |
| | disposing of medicati | - | | | | |
| | witnessing destructio | n. nces shall be disposed of in | | | | |
| | | North Carolina Controlled | | | | |
| | l . | . 90, Article 5, including any | | | | |
| | subsequent amendm | | | | | |
| | | f a patient or resident, the | | | | |
| | | er drug supply shall be | | | | |
| | | unless it is reasonably | | | | |
| | | tient or resident shall return | | | | |
| | | such case, the remaining | | | | |
| | | be held for more than 30 | | | | |
| | calendar days after ti | ne date of discharge. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | This Rule is not met | | } | | | |
| | Based on observation | | | | | |
| | | ning body failed to assure | | | | |
| | | osed of to guard against | | | | |
| | , - | for one of three audited | | | | |
| | clients (#3). The findi | niyə alt. | | | | |
| | Observation on 6/4/1 | 8 of client #3's medications | | | | |

| Division of Health Service Regulation | | | | | | | |
|---|---|--|------------------|---------------------------------|-------------|--|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | | |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | | | | |
| | | | | R | | | |
| | | MHL092-475 | B. WING | | 06/05/2018 | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STAT | E, ZIP CODE | | | |
| TO UNIC OF THE | | | WOODARD DI | | | | |
| WHITTEC | AR GROUP HOME | RALEIGH, | | | Ì | | |
| | | | 1 | PROVIDER'S PLAN OF CORRECTION | V (X5) | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | (EACH CORRECTIVE ACTION SHOULD | BE COMPLETE | | |
| PREFIX TAG | | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPR | RIATE DATE | | |
| | | | <u> </u> | DEFICIENCY) | | | |
| V 119 | Continued From page | e 4 | V 119 | | | | |
| | | | | | | | |
| | revealed Meloxicam had an expiration dat | 7.5 tablets were present and | | | | | |
| | nau an expiration dat | .a 01 3/30/10. | | | | | |
| | Review on 6/4/18 of | client #3's record revealed: | | a) sol | | | |
| | - an admission date | | | 1) 1PN/ - | | | |
| | | /18 with diagnoses including | | See Seehm | 1 | | |
| | Mild Mental Retardat Allerdies | ion, Psoriatic Arthritis and | | | 1 / Ne | | |
| | | dated 4/5/18 for Meloxicam | | 5th alam | ν · | | |
| | | ons to administer 1 tablet | | | | | |
| | daily with food as nee | | | O ATIM! | | | |
| | | rith no documentation to | | \mathcal{H} | | | |
| | 1 | dication was administered | | 11 | | | |
| | April through June 20 | 710 | | | | | |
| | | on 6/4/18, staff #2 reported | | | | | |
| | the medication was o | only given as needed and | | | | | |
| | one one had noticed | the medication was expired. | | | | | |
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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.02009 (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.