

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/12/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 07/12/18 of the fire and disaster drills revealed: -2nd quarter 2018 (April, May, June) no fire or disaster drill was documented for the second shift.</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	Continued From page 1 Interview on 07/12/18 with the Qualified Professional/Program Supervisor revealed: -she believed all the required drills were completed, however she could not locate the documentation for the 2nd shift during the 2nd quarter.	V 114		
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 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.	V 118		

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V 118	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications ordered were given as prescribed; the Medication Administration Records (MARs) of all medications administered to each client were kept current.; and medications were administered to a client on the written order of a person authorized by law to prescribe medications affecting 2 of 3 clients (Client's #1 and #2). The findings are:</p> <p>Review on 7/12/18 of Client 1's record revealed: --Admission date: 1/6/07 -Diagnoses: Moderate Intellectual Developmental Disorder, DiGeorge Syndrome, Diabetes Mellitus Type II, Mild Hypertension, Gastroesophageal Reflux Disorder, Asthma, Adjustment Disorder with Mixed Anxiety and Depressed Mood, Obesity, and Edema.</p> <p>Review on 7/12/18 of Client #1's physician's orders revealed the following medications: -Urea 40% topical cream - apply topically to feet daily - signed 7/3/18 -Glipizide ER - 5 milligrams (mg) - 1 tablet two times a day - ordered 5/31/18 - not signed by the physician -Thera-Derm Lot - apply to feet daily and massage feet - signed 7/3/18</p> <p>Observation on 7/12/18 at 10:30 a.m. of Client #1's medications revealed: Urea 40% topical cream - apply topically to feet daily - was not in the client's medication box.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 7/12/18 of Client #1's Medication Administration Records (MARs) for May, June and July 2018 revealed:</p> <ul style="list-style-type: none"> -Urea 40% topical cream - apply topically to feet daily - was typed on the MAR but was marked out with a pen -Glipizide ER - 5 milligrams (mg) - 1 tablet two times a day - was initialed each day to indicate it had been given -Thera-Derm Lot - apply to feet daily and massage feet - was not initialed as given on: 7/3/18; 7/4/18; 7/5/18; 7/6/18; 7/7/18; 7/8/18 6/1/18 through 6/24/18 and 6/26/18 through 6/30/18 and 5/1/18 through 5/31/18 <p>Review on 7/12/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date: 11/22/14 -Diagnoses: White Matter Disease, Moderate Intellectual Developmental Disorder, Attention Deficit Disorder, Episodic Mood Disorder, Anxiety Disorder, Obesity, and Gastroesophageal Reflux Disorder. <p>Review on 7/12/18 of Client #2's physician's orders revealed the following medications were ordered and signed:</p> <ul style="list-style-type: none"> -5/7/18 Nuedexta 20/100 mg - 1 tablet every 12 hours -4/5/18 Ranitidine - 300 mg - 1 tablet two times a day -4/5/18 Repairable - 10 mg - 1 tablet daily -4/5/18 Omeprazole - 40 mg - 1 tablet before dinner -4/5/18 Venlafaxine - 150 mg - 1 tablet daily -4/5/18 Venlafaxine - 75 mg - 1 tablet daily <p>Review on 7/12/18 of Client #2's MARs for May, June and July 2018 revealed:</p> <ul style="list-style-type: none"> -Nuedexta 20/100 mg - 1 tablet every 12 hours - 	V 118		

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V 118	<p>Continued From page 4</p> <p>was not initialed to indicate it was given on 7/2/18; 7/4/18; 7/5/18; 5/28/18 (a.m.); 5/25/18 through 5/28/18 (p.m.)</p> <p>-Ranitidine - 300 mg - 1 tablet two times a day - was not initialed to indicate it was given on 7/2/18; 7/4/18; 7/5/18; 5/28/18 (a.m.); 5/27/18 and 5/28/18 (p.m.)</p> <p>-Repairable - 10 mg 1 tablet daily - was not initialed to indicate it was given on 7/2/18; 7/4/18; 7/5/18; 5/27/18; 5/28/18</p> <p>-Omeprazole - 40 mg 1 tablet before dinner - was not initialed to indicate it was given on 7/2/18; 7/4/18; 7/5/18; 5/27/18; 5/28/18</p> <p>-Venlafaxine - 150 mg 1 tablet daily - was not initialed to indicate it was given on 7/2/18; 7/4/18; 7/5/18; 5/25/18 through 5/28/18</p> <p>-Venlafaxine - 75 mg 1 tablet daily - was not initialed to indicate it was given on 7/2/18; 7/4/18; 7/5/18; 5/25/18 through 5/28/18</p> <p>Interview on 7/12/18 with the Qualified Professional/Program Supervisor revealed:</p> <p>-confirmation there were blanks in the MARS;</p> <p>-she was unsure why Client #1 did not have her Urea 40% topical cream</p> <p>-she attempted to find the signed order for Client #1's Glipizide ER 5 mg, but was unable to locate this.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to dispose of expired and discontinued prescription medications in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Review on 7/12/18 of Client 1's record revealed: --Admission date: 1/6/07 -Diagnoses: Moderate Intellectual Developmental Disorder, DiGeorge Syndrome, Diabetes Mellitus Type II, Mild Hypertension, Gastroesophageal Reflux Disorder, Asthma, Adjustment Disorder with Mixed Anxiety and Depressed Mood, Obesity, and Edema. -physician's order dated 2/15/16 to discontinue</p>	V 119		

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V 119	<p>Continued From page 6</p> <p>Fluorouracil Cream 5% apply to affected area two times a day. -physician's order dated 7/3/18 for Triamcinolone Cream 0.1% apply topically to affected area three times a day as needed.</p> <p>Observation on 7/12/18 at 10:30 a.m. of Client #1's medications revealed: -Fluorouracil Cream 5% - apply to affected area two times a day -Triamcinolone Cream 0.1% - apply topically to affected area three times a day as needed; dispensed on 6/7/18 and expired 6/8/18</p> <p>Review on 7/12/18 of Client #1's Medication Administration Records (MARs) for May, June and July 2018 revealed: -Fluorouracil Cream 5% - apply to affected area two times a day was not initialed to indicate it had been applied. -Triamcinolone Cream 0.1% - apply topically to affected area three times a day as needed - expired 6/8/18 - was not initialed to indicate it had been applied.</p> <p>Review on 7/12/18 of Client #2's record revealed: -Admission date: 11/22/14 -Diagnoses: White Matter Disease, Moderate Intellectual Developmental Disorder, Attention Deficit Disorder, Episodic Mood Disorder, Anxiety Disorder, Obesity, and Gastroesophageal Reflux Disorder. -physician's order dated 4/5/18 for Hydroxyzine Pamoate 50 milligrams, one as needed.</p> <p>Observation on 7/12/18 at 11:15 a.m. of Client #2's medications revealed: -Hydroxyzine Pamoate 50 milligrams - one as needed; dispensed on 1/16/17 and expired 1/15/18.</p>	V 119		

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V 119	<p>Continued From page 7</p> <p>Review on 7/12/18 of Client #2's MARs for May, June and July 2018 revealed: -Hydroxyzine Pamoate 50 milligrams - one as needed - expired 1/15/18 - was not initialed to indicate it had been given.</p> <p>Interview on 7/12/18 with the Qualified Professional/Program Supervisor revealed: -the expired and discontinued medications for Client's #1 and #2 should not have been in the client's current medication boxes.</p>	V 119		