

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352
---	---

(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	INITIAL COMMENTS An annual survey was completed on July 5, 2018. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.	V 000	See attached plan of correction and 2 medication trainings.	7-10-18
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	See attached Incident Report p.5+p.6 and med error report. See attached exhibit #1 3 pages See attached Dr. orders for client #3. 3 pages	

DHSR - Mental Health

JUL 16 2018

Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Edna Shooms, Director of Mental Health Services</i>	TITLE <i>Director of Mental Health Services</i>	(X6) DATE <i>7-10-18</i>
--	--	-----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352
---	---

(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 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed keep the MARs current affecting two of three clients (#1 and #3). The findings are:</p> <p>Finding #1: Review on 07/05/18 of client #1's record revealed: - 53 year old male. - Admission date of 04/01/16. - Diagnoses of Moderate Mental Retardation, Schizophrenia-Psychosis, Diabetes Type 2 and Aggressive Personality.</p> <p>Review on 07/05/18 of client #1's medication orders revealed: 06/19/18 - Perphenazine (antipsychotic) 8 milligrams (mg) - take 3 tablets at bedtime.</p> <p>05/03/18 - Metformin (treats Diabetes) 500mg - take once daily.</p> <p>04/04/18 - Divalproex (treats seizures) 500mg - one tablet twice daily. - Ketoconazole (treats fungus) 2% - apply twice daily to toes. - Lovastatin (lowers cholesterol) 40mg - take once daily.</p> <p>11/14/17 - Trihexyphenidyl (treats tremors) 2mg - take 2 &</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2018
NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352		
(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>1/2 tablets twice daily.</p> <p>Review on 07/05/18 of client #1's June 2018 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> - Perphenazine 06/30/18 at 8pm. - Divalproex - 06/30/18 at 8pm. - Ketoconazole - 06/30/18. - Trihexyphenidyl - 06/30/18. - Metformin - 06/30/18. <p>Interview on 07/05/18 client #1 stated he received his medication daily as ordered.</p> <p>Finding #2: Review on 07/05/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 32 year old male. - Admission date of 03/13/08. - Diagnoses of Severe Mental Retardation, Intermittent Explosive Disorder and Hypertension. <p>A. Review on 0705/18 of client #3's medication orders revealed: 06/05/18</p> <ul style="list-style-type: none"> - Haloperidol (antipsychotic) 5mg - take 2 and 1/2 tablets at 6:30am, 1 tablet at 2pm and 3 and 1/2 tablets at 8pm. - Lorazepam (teats anxiety) 2mg - take one tablet three times a day. - Amiztia (treats constipation) 24 micrograms - take once capsule twice daily. <p>05/09/18</p> <ul style="list-style-type: none"> - Hydroxyzine (treats anxiety) 75mg - take at 5pm. - Hydroxyzine 50mg - take one at 8pm <p>04/04/18</p> <ul style="list-style-type: none"> - Latuda (antipsychotic) 20mg - take 1 tablet at 6:30am, 2 tablets at 9am and 1 tablet at noon. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2018
NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352		
(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 3</p> <ul style="list-style-type: none"> - Benztropine (treats tremors) 1mg - take once daily. - Divalproex 500mg - take 2 tablets daily. <p>12/14/17</p> <ul style="list-style-type: none"> - Atorvastatin (treats cholesterol) 40mg - once daily. <p>Review on 07/05/18 of client #3's May 2018, June 2018 and July 2018 MARs revealed the following blanks:</p> <p>July 2018</p> <ul style="list-style-type: none"> - Latuda - 07/02/18 thru 07/04/18 at 12pm. - Haloperidol 07/02/18 thru 07/04/18 at 2pm. <p>June 2018</p> <ul style="list-style-type: none"> - Latuda - 06/01/18 at 12pm, 06/04/18-06/08/18 at 9am and 12pm, 06/11/18 at 12pm, 06/12/18 thru 06/15/18 at 9am and 12pm, 06/25/18 thru 06/29/18 at 9am and 12pm and 06/30/18 at 6:30am. - Haloperidol - 06/04/18-06/08/18 at 2pm, 06/12/18 thru 06/15/18 at 2pm, 06/25/18 thru 06/29/18 at 2pm and 06/30/18 at 6:30am. - Lorazepam - 06/29/18 at 5pm and 8pm and 06/30/18 at 6:30am, 5pm and 8pm. - Benzotropine - 06/29/18 and 06/30/18. - Divalproex - 06/29/18 and 06/30/18 - Atorvastatin - 06/29/18 and 06/30/18. - Hydroxyzine - 06/29/18 and 06/30/18 at 5pm and 8pm. - Amitiza - 06/29/18 and 06/30/18 at 5pm. <p>May 2018</p> <ul style="list-style-type: none"> - Latuda - 05/14/18 at 9am and 12pm, 05/16/18 at 9am, 05/21/18 thru 05/25/18 at 9am and 12pm and 05/29/18 thru 05/31/18 at 9am and 12pm. - Haloperidol - 05/14/18 at 2pm, 05/16/18 at 2pm, 05/18/18 at 2pm, 05/21/18 thru 05/25/18 at 2pm and 05/29/18 thru 05/31/18 at 2pm. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352
---	---

(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 4</p> <p>B. Review on 07/05/18 of client #3's physician orders revealed no prescription for Miralax powder (stool softner).</p> <p>Review on 07/05/18 of client #3's May 2018 thru July 2018 MARs revealed no transcribed entry for Miralax powder.</p> <p>Observation on 07/05/18 at approximately 11:10am of client #3's medications revealed a bottle of Miralax powder with directions to administer daily.</p> <p>Client #3 was unavaible to participate in interview secondary to a diagnosis of Severe Mental Retardation.</p> <p>Interview on 07/05/18 the Mental Health Director stated: - Client #3 received medications at the day program and staff had not placed the appropriate code on the MARs. - Clients received their medications as ordered. - Staff had probably forgotten to initial the MARs correctly. - She would review the medication issues identified with the staff. - She would follow up with client #3's physician regarding the Mialax.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

Rainbow 66 Storehouse, Inc.
Plan of Correction

July 10, 2018

V 118

All medications listed on the Annual Survey have been answered as to what location the client was at during the times in question. (See 3 attached documents labeled exhibit #1)

Page 2 of 5

Findings #1

Client #1

All medication was administered properly, staff failed to initial in the MAR boxes. Staff were retrained on company policy of keeping the MAR's current (See attached training). Staff will make sure they review their documentation immediately after giving medication on each shift to make sure they have initialed all appropriate boxes on the MAR's.

The group home supervisor and team leader will check the documentation daily to make sure all initials are documented. Each shift will review all documents when a shift exchange takes place before leaving the group home at the end of each shift. (See attached training)

Page 3 of 5

Finding #2

Client #3

On July 4, 2018 staff failed to administer Latuda @ 12pm and Haloperidol at 2pm. An incident report was completed and a medication error report. The RN was contacted and stated that the missed medication was not life threatening. The medication error report was sent to the primary physician. Staff was counseled on medication administration and a conference form was completed. Medication will be reviewed daily for each shift by the group home supervisor and team

Rainbow 66 Storehouse, Inc.
Plan of Correction

leader to assure clients receive their medications as ordered by a physician. (See attached incident report and medication error report).

Page 5 of 5

Client #3

On 12/19/2017 On Rainbow 66 Storehouse MD Review of Medications Miralax was listed. On Dr Faulkenberry's order, he did not write an order for Miralax. When Dr. Faulkenberry's order was faxed to the pharmacy, the pharmacy did not refill the Miralax nor did they put it on the MAR, however some miralax was left over but staff was not administering Miralax. On 7/5/2018 Dr. Faulkenberry's office was contacted and the RN stated he did not want the client on Miralax and sent an order to discontinue the Miralax. (See 3 attached orders for Miralax for client #3)

July 6, 2018

Staff was retrained on checking-in the monthly medication. Once received the team leader and the supervisor will compare all medications to the doctor's order to make certain that there is an order for each medication and they will compare the medication to the MAR to make sure each medication is listed on the MAR. (See attached training for Policy on Medication)

7/10/18 Edna Shorns, Director of Mental Health Services

10A NCAC 27G .0209 MEDICATION REQUIREMENTS

(a) Medication dispensing:

- (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.
- (2) Dispensing shall be restricted to registered pharmacists, 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.
- (3) Methadone for take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10A NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.
- (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.

(b) Medication packaging and labeling:

- (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;
- (2) 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;
- (3) The packaging label of each prescription drug dispensed must include the following:
 - (A) the client's name;
 - (B) the prescriber's name;
 - (C) the current dispensing date;
 - (D) clear directions for self-administration;
 - (E) the name, strength, quantity, and expiration date of the prescribed drug; and
 - (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.

* (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.

(d) Medication disposal:

- (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.

Medication Administration Record

MAR' will be kept current. The pharmacy that medications are ordered from will send monthly MAR's for each resident. Each month the RN will review the new MAR's for accuracy. Medications administered will be recorded immediately after administration. All prescription and medication will be disposed through the pharmacy that medications are ordered from. All non prescription drugs will be crushed and flushed or disposed of through the sink drain. A witness shall be present when this process is completed and proper documentation will be completed. Documentation will contain the client's name, medication name, strength, quantity, disposal date, method and signature of person disposing of medication and the witness signature. Upon discharge of a resident the remainder of medication supply shall be disposed of within 30 days.

All medications will be accompanied by a doctor's order or they will not be administered.

Staff fail to give out
medicine.
Latuda Haloperidol

DESCRIPTION OF MEDICATION ERROR:

Staff fail to give medication.

ACTIONS TAKEN ON THE BEHALF OF THE CONSUMER:

RA contacted ER for EG 7-6-18

THE CONSUMER'S CONDITION FOLLOWING MEDICATION ERROR:

NON life threatening
The consumer's ^{error} ~~was~~ condition
was fine.

Staff MUST fax the primary physician information about medication error and attach fax to this report.

DATE INFORMATION FAXED: 7-6-18

Name of staff faxing information: Edna Adams

PLEASE CHECK OTHER PROFESSIONALS CONTACTED:

- NURSE
- PHYSICIAN
- PHARMACIST
- GROUPOHME MANAGER
- QUALIFIED PROFESSIONAL (QP)
- ASSOCIATE PROFESSIONAL (AP)

NAME OF STAFF MAKING CONTACT TO THE LIST ABOVE AND SHIFT:

Edna Shoens

NAME OF CONSUMER'S PHYSICIAN, PHARMACIST OR NURSE CONSULTED ABOUT MEDICATIONS GIVEN:

Maple Family Practice / Gillian Morrison, RN

PHYSICIAN, PHARMACIST, OR NURSE STATEMENT ABOUT THE ERROR:

not life threatening

*** OPINIONS, CONCLUSIONS, OR PERSONAL ACTIONS RELATIVE TO AN EVENT SHALL NOT BE INCLUDED IN THIS REPORT***

Shissa Williams

R66 STAFF SIGNATURE

7-5-2018

DATE

Edna Shoens

R66 QP SIGNATURE/DESIGNATED EMPLOYEE

7-5-18

DATE

Rainbow 66 Storehouse
Medication Error Report

Name: Client #3

Record Number:

Date of Error: 7/4/2018

Date error found: 7/5/2018

Date faxed to physician: 7/6/2018

Primary Physician: Dr Rowson, Maxton Family Practice

Please explain medication error:
Staff failed to give medication.

List Medication, Medication Times and Dosage:

Gabapentin 100mg 12PM

Latuda 20mg 9AM, 12PM, 2PM

Signature/Title/Date of individual completing this form:

Rileen Morrison PA

Date 7/5/2018

-----OFFICE USE ONLY-----

Was this error life threatening to the consumer per licensed medical personnel? (If yes please explain and give instructions from physician)

No, this was not life threatening.

Who was contacted other than the primary physician? (Check all that apply)

Registered Nurse (RN initials LM)

Qualified Professional Pharmacist

Other Management Danrico Fulmore, Lead Staff (Staff Initials DF)

Was this reported on the Level 1 incident report?

yes

The 2 medications listed are not life threatening but we are aware that every medication ordered by the PCP are important. Staff have been properly educated on this fact.

V 118 Client #3

Page 3 of 5

6/5/2018 Tuesday

Haloperidol 5mg 2 ½ at 6:30am and 3 ½ tablets at 8pm were given at the group home

Haloperidol 5mg 1 table at 2pm was given at the day program

Lorazepam 2mg 1 tablet 3 times a day-2 of the 3 tablets(6:30am & 5pm) were administered at the group home

Amiztia 24 micrograms one capsule twice daily (6:30am & 5pm) were administered at the group home

5/9/2018 Wednesday

Hydroxyzine 75mg take a 5pm was administered at the group home

Hydroxyzine 50 mg take 1 at 8pm was administered at the group home

4/4/2018 Wednesday

Latuda 20mg take 1 tablet at 6:30am was given at the group home

2 tables (9am and 1 table at noon) was given at the day program

Continued from page 3 of 5

Benztropine 1mg take once daily 8am-was administered at the group home

Divalproex 500mg take 2 tablets daily 8pm-was given at the group home

Page 4 of 5

12/14/2017 Thursday

Atorvastatin 40mg once daily 8pm was give at the group home

July 2018

7/2/2018 thru 7/3/2018 Monday-Tuesday

Latuda at 12pm was given at the day program

Haloperidol at 2pm was given at the day program

7/4/2018 Wednesday

Latuda at 12pm-Staff failed to administer medication on July 4th

Haloperidol at 2pm-Staff failed to administer medication on July 4th

June 2018

Latuda

Friday 6/1/2018 Latuda at 12pm was administered at the day program

Monday 6/4/2018 Latuda at 9am and 12pm was administered at the day program

Tuesday-Friday 6/5/2018 thru 6/8/2018 Latuda at 9am and 12pm was given at the day program

Monday 6/11/2018 Latuda at 12pm was administered at the day program

Tuesday-Friday 6/12/2018 thru 6/15/2018 Latuda at 9am and 12pm was given at the day program

Monday 6/25/2018 Latuda at 9am was administered at the group home **Tuesday-Friday** 6/26/2018 thru 6/29/2018 Latuda at 9am and 12pm was administered at the day program

Saturday 6/30/2018 Latuda at 6:30am was administered at the group home-Staff failed to initial the MAR

Haloperidol

Monday 6/4/2018 Haloperidol at 2pm was administered at the day program

Tuesday-Friday 6/5/2018 thru 6/8/2018 Haloperidol at 2pm was given at the day program

Tuesday-Friday 6/12/2018 thru 6/15/2018 Haloperidol at 2pm was given at the day program

Monday 6/25/2018 Haloperidol at 2pm was administered at the day program

Tuesday-Friday 6/26/2018 thru 6/29/2018 Haloperidol at 2pm was administered at the day program

Saturday 6/30/2018 Haloperidol at 6:30am was administered at the group home-Staff failed to initial the MAR

Lorazepam

Friday 6/29/2018 Lorazepam at 5pm and 8pm were administered at the group home-Staff failed to initial the MAR

Saturday 6/30/2018 Lorazepam 6:30am, 5pm & 8pm was administered at the group home Staff failed to initial the MAR

Friday-Saturday 6/29/2018 & 6/30/2018 at 5pm and 8pm Benztropine, Divalproex, Atorvastatin and Hydroxyzine were administered at the group home-staff failed to initial MAR

Friday-Saturday 6/29/2018 and 6/30/2018 Amitiza at 5pm was administered at the group home-staff failed to initial MAR

May 2018

Latuda

Monday 5/14/2018 at 9am and at 12pm was given at the day program

Tuesday 5/16/2018 at 9am was given at the day program

Tuesday-Thursday 5/29/2018 thru 5/31/2018 at 9am and 12pm was given at the day program

Haloperidol

Monday 5/14/2018 at 2pm was given at the day program

Wednesday 5/16/2018 at 2pm was given at the day program

Friday 5/18/2018 at 2pm was given at the day program

Monday-Friday 5/21/2018 thru 5/25/2018 at 2pm was given at the day program

Tuesday-Thursday 5/29/2018 thru 5/31/2018 at 2pm was given at the day program

Codes located on the MAR's are now being written on days the client's take medication at the day program-See attached training

Staff has been retrained on documenting initials on the MAR's-See attached training

Staff has been conferenced on making sure clients receive their medication daily per the doctor orders (See attached training)

#183 Dr Order
for Client #3

muralax

503 West BLVD
Raleigh, NC 28352
910-266-8702

RAINBOW 66 STOREHOUSE INC.

MD REVIEW OF MEDICATIONS

This form is provided to the doctor anytime a consumer has an appointment. Please review the Medications listed to ensure you are aware of medications that are being given. Please, we require hard copies of new medications prescribed. Please review this form with the staff member that works with the consumer to ensure accuracy of orders.

CONSUMER NAME:

MEDICAID #

PRIMARY DOCTORS NAME: DR. FAHLEEN BERRY,

DOX: MR, HTN, INTERMITTENT EXPLOSIVE DISORDER, HIGH CHOLESTROL,

DOB:

Diet: Regular

CURRENT MEDICATIONS:

1	Vistaril 75mg po at 5:30pm	15	NEURONTON 100MG 1tab PO at 12noon
2	DOC-Q STATE 100mg 2 tabs BID q day	16	WEIGHT EVERY MONTH
3	Vistaril 25mg po qam at 6:30am	17	SYNTHROID 25MCG Q DAY
4	Depakote EC 125mg 3 tabs po q am	18	PRINIVIL 10MG Q DAY
5	Seroquel XR 300mg, 2 tabs 5pm	19	MIRALAX 17GMS PO QD
6	Haldol 5mg 2tabs at 6:30am	20	HALDOL 5MG PO 3 tabs qhs
7	Seroquel XR 50mg, 2 tab po q am,	21	LACTULOSE 30CC PO BID prn
8	Ativan 2mg po at 6:30a, 5:00pm, 8pm	22	Vit D 3, 1000units po q day
9	Cogentin 1mg qhs	23	NEURONTON 100MG PO Q AM 2 TABS
10	Depakote ER 500mg 2 tabs po qhs	24	HALDOL 5MG PO 1 tab at 2pm
11	Liptor 40mg qhs	25	Amitiza 24mcg po BID
12	ATENOLOL 25MG PO BID	26	LATUDA 20mg po q day
13	Vistaril 50mg po qhs		
14	ASA 81MG EC Q DAY		

See Doctor's
Progress notes Attached
12/19/17

#283 Dr. Order
for Client #3

miralax

Progress Notes

Patient ID:

DOB:

Age:

Gender:

12/19/2017

Date: 12/19/17 : 09:53am

Title: YEARLY

AGE :

PRIMARY: BRAD FAULKENBERRY MD

REFERRAL: SELF

Allergies:

NKDA

Allergy:

will call
in 2 yr.

Current Medications:

Rx: AMITIZA 24MCG 1 Capsule twice daily - days, 60, Ref: 0

Rx: ASPIRIN EC 81MG 1 Tablet DR daily - days, 30, Ref: 0

Rx: ATENOLOL 25MG 1 Tablet daily - days, 30, Ref: 0

Rx: COGENTIN 1MG/ML 1 Solution at bedtime - days, 30, Ref: 0

Rx: DEPAKOTE 125MG 1 Tablet DR twice daily - days, 60, Ref: 0

Rx: DOCUSATE SODIUM 100MG 1 Capsule twice daily - days, 60, Ref: 0

Rx: HALDOL 5MG/ML Solution - days, , Ref: 0

Rx: LACTULOSE 10GM/15ML 15-30ML Solution at bedtime PRN - days, 120, Ref: 0

Rx: LATUDA 20MG 1 Tablet daily - days, 30, Ref: 0

Rx: LIPITOR 40MG 1 Tablet daily - days, 30, Ref: 0

Rx: NEURONTIN 300MG 1 Capsule 3 times a day - days, 90, Ref: 0

Rx: PRINIVIL 10MG 1 Tablet daily - days, 30, Ref: 0

Rx: SEROQUEL 300MG 1 Tablet twice daily - days, 60, Ref: 0

Rx: SYNTHROID 25MCG 1 Tablet daily - days, 30, Ref: 0

Rx: VITAMIN D3 1000UNIT Capsule - days, , Ref: 0

Rx: ATIVAN 2MG 1 Tablet 3 times a day 10 days, 30, Ref: 0

Rx: VISTARIL 50MG 1 Capsule 4 times a day PRN 10 days, 40, Ref: 0

PMH:

Chronic Illnesses: MR, HTN, INTERMITTENT EXPLOSIVE DISORDER, HYPERLIPIDEMIA

Surgical History:

Ocular History:

miralax not updated

REVIEW OF SYSTEMS:

Review Of Symptoms:

Constitutional: negative

#383 Dr. order
for client #3

muralax

BRADFORD K. FAULKENBERRY, M.D., PA
 Bradford K. Faulkenberry, M.D. DEA #AF298852
 Terri B. Cowan, PA-C DEA #MB0127161
 Tallsa C. Singletary, FNP-C DEA #MS4319516
 Charles E. Jackson, FNP-C DEA #MJ3311141

Phone: (910) 276-2439 1707-A Benwick Dr.
 Fax: (910) 276-2404 Laurinburg, NC 28352

Name _____
Address _____

D/c
Muralax

[Signature]

Label

Refill - 0 - 1 PRN

Product Selection Permitted

Dispense As Written

110-05-17

Rainbow 66 Storehouse, Inc.

CEO: Kimmie C. Johnson

July 10, 2018

Mental Health Licensure and Certification Section
NCDHHS-DHSR
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

JUL 16 2018

Lic. & Cert. Section

Re: Plan of Correction

Greetings;

Enclosed please find our plan of correction for 603 West Blvd., Laurinburg N. C. If you have any questions please feel free to contact me directly at the number listed below or by email at:

ecarlisle@rainbow66storehouse.com.

Thank you and do have a wonderful day.

Sincerely,



Edna Grooms

Regional Director of Mental Health Services

