

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER FISHER ROAD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 120 FISHER ROAD BREVARD, NC 28712		
(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 and follow up survey was completed on 7/17/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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.	V 119		

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

TITLE

(X6) DATE

Carla Hill

Program Director

7-27-18

STATE FORM

6899

SEW11

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to dispose of expired medications in a manner that guards against accidental ingestion. The findings are:</p> <p>Observation on 7/16/18 at 3:45pm of the medications for Client #1 included: -Mucinex ER 600mg 1 tablet every 12 hours as needed, expired 5/30/18. -Antihistamine/Diphenhydramine 25mg use as directed, as needed, expired 3/2018.</p> <p>Review on 7/17/18 of the record for Client #1 revealed: -Admission date of 3/1/99 with diagnoses of Moderate Intellectual Developmental Disability, Hypothyroidism and Depression.</p> <p>Review of the MAR for May, June and July 2018 for Client #1 revealed: -Mucinex 600mg administered on 6/23/18. -No documentation of the Antihistamine/Diphenhydramine administration.</p> <p>Interview on 7/17/18 with the Qualified Professional/Coordinator revealed: -The medications were reviewed monthly by the manager and the coordinator. -The Qualified Professional checked the medications in June. -The expired medications for Client #1 must have been missed during the last review.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 119	<p><i>See attached</i></p>	<p><i>7-31-18</i></p>

Fisher Road Group Home
MHL 088-021

Survey: July 17, 2018

PLAN of CORRECTION

Type of Deficiency Found

Tag **V 119 27G.0209 Medication Requirements** cited during July 17, 2017 survey.

Facility failed to dispose of expired medications in a manner that guards against accidental ingestion.

Time Frames for Compliance

Fisher Road Group Home has implemented a checklist that includes a review of PRN medications included in House Standing Orders and resident specific PRN medications every month. Corrective action to include:

A checklist is posted in the facility. The checklist serves as a reminder to review all PRN medications included in House Standing Orders and resident specific PRN medications every month. The checklist includes instructions to check both package expiration date as well as "opened date". The TVS consulting pharmacist will review all medications for expiration dates every three (3) months.

Residential Coordinator will review the checklist and retrain the **Resident Manager** on the review process for all medications by July 31, 2018.

The **Residential Coordinator** will review the initialed checklist each month to ensure that the review is completed by the **Resident Manager**.

See attached Monthly Checklist.

2018

Monthly Check Sheet

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Fire Drill	CJ	LB	KB	CJ	LB	CS						
Other Emergency Drill	KB	CJ	CJ	KB	CJ	CJ						
Weight and BP	CJ	CJ	CJ	CJ	CJ	CJ						
Minor Injury Log (Original to TVS, Copy here)	CJ	CJ	CJ	KB	CJ	CJ						
PRN Meds (house standing orders)	LB	LB	LB	LB	LB	LB	LB					
PRN Meds (individual specific)	LB	LB	LB	LB	LB	LB	LB					
First Aid Kit (Original to TVS, copy here)	CJ	CJ	LB	CJ	CJ	CJ						

For PRN meds, make sure to check package expiration date as well as when it was opened. Meds are valid for one year once opened.



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July 27, 2018

Sherry Waters
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699 - 2718

Re: Annual Survey completed on July 17, 2018
MHL#: 088-021
Fisher Road Group Home

Dear Ms. Roberts:

Enclosed you will find the Plan of Correction to the address the standard level deficiency at the annual survey completed on July 17, 2018. If you need additional information please let me know.

We welcome you back at anytime.

Sincerely,

A handwritten signature in black ink that reads "Carla Hill". The signature is written in a cursive, flowing style.

Carla Hill
Program Director