

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2018
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NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
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(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, Follow Up and Complaint Survey was completed April 30, 2018 . The complaint was substantiated but no deficiencies cited (Intake #NC000136404). Deficiencies were cited related to the Annual.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmental Disabled Adults</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(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.</p>	V 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure medications were not expired for one of three clients (#3). The findings are:</p> <p>Review on 04/19/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 07/15/14 - Diagnoses which included Intellectual Developmental Disability, Intermittent Explosive Disorder, Sleep Apnea, Asthma, Obsessive Compulsive Disorder and Mood Disorder...documentation of history of allergic reaction to bee sting. - Physician's order dated 07/14/17 listed epinephrine injection also known as EpiPen (used for emergency in cases of allergic reactions) <p>Observation on 04/19/18 at 10:00 AM of client #3's medications revealed: EpiPen dispensed 08/11/16 with expiration date of October 2017. No other Epi-pen observed.</p> <p>During interview on 04/19/18, the Program Manager reported:</p> <ul style="list-style-type: none"> - Client #3's mother also kept an EpiPen at her home as client #3 went home several times a month. - Client #3's mother picked up the EpiPen from the pharmacy. The Program Manager did not notice the date on the EpiPen and was not aware the EpiPen expired. 	V 117		

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V 117	Continued From page 2 During interview on 04/27/18, the Qualified Professional reported: - He was not aware of the issue regarding the expired Epipen prior to 04/19/18 - The Program Manager reviewed medications at the home	V 117		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to hiring two of four audited current staff (#1, #2) and one of two audited former staff (#11). The findings are: Review on between 04/19/18-04/25/18 of the facility's personnel records revealed: - Staff #2 hired 06/16/17. No evidence HCPR check had been completed prior to hire - Staff #1 hired 02/2018. HCPR check dated 04/19/18...No evidence HCPR check had been completed prior to hire. - Former Staff (FS) #11 hired 12/21/17 and	V 131		

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V 131	<p>Continued From page 3</p> <p>last day employed February 2018. HCPR check dated 04/25/18...No evidence HCPR check had been completed prior to hire.</p> <p>During interviews between 04/19/18-04/30/18, the Office Manager reported:</p> <ul style="list-style-type: none"> - FS #11's record had been archived and she had to locate some of his personnel information, which took a few days... - She was aware HCPR checks were required before staff were hired. <p>During interview on 04/25/18, the Qualified Professional reported:</p> <ul style="list-style-type: none"> - He was not aware the HCPR checks had not been completed upon hire for staff. - The Office Manager was responsible for the personnel records 	V 131		