

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

TITLE  
Director QA

(X6) DATE 07/28/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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 105	<p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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 105	<p>Continued From page 2</p> <p>instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>a. Review on 7/2/18 of client #2's record revealed: -Admission date of 10/23/95. -Diagnoses of Mild Intellectual Developmental Disability, Schizoaffective Disorder, Type 2 Diabetes, Chronic Kidney Disease, Hypothyroidism, Hypertension and Open Angle Glaucoma. -Physician's order dated 4/12/17 for blood sugar to be checked on Monday, Wednesday and Friday. -Client #2's June and July 2018 MAR's revealed staff had checked her blood sugar according to the order above.</p> <p>b. Review on 7/2/18 of client #3's record revealed: -Admission date of 2/1/13. -Diagnoses of Moderate Intellectual Disability, Psychotic Disorder, Type 2 Diabetes, Dermatitis, Psoriasis, Hypertension, Allergic to 18 karat gold and Hepatitis A, B, C. -Physician's order dated 6/21/18 for blood sugar to be checked two times daily. -Client #3's June 2018 MAR revealed staff had checked her blood sugar according to the order above.</p> <p>Interview on 7/2/18 with the Qualified Professional revealed: -Staff informed her they assist client #3 with checking her blood sugar. -Client #3 can prick her own finger, however staff must assist with everything else. -Staff does the entire blood sugar check process with client #2.</p>	V 105			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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 105	Continued From page 3  -She was not aware the group home needed a CLIA waiver in order to check clients' #2 and #3's blood sugars. -She confirmed the facility failed to have a CLIA waiver to check clients' #2 and #3's blood sugars.	V 105			
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	Agency will provide on-site  supervisor(s) with blank  MARs to be used only when  Pharmacy does not include  with delivered medications	8/10/18	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to record administered medications immediately affecting one of three clients (#3). The findings are:</p> <p>Review on 7/2/18 of client #3's record revealed: -Admission date of 2/1/13. -Diagnoses of Moderate Intellectual Disability, Psychotic Disorder, Type 2 Diabetes, Dermatitis, Psoriasis, Hypertension, Allergic to 18 karat gold and Hepatitis A, B, C. -Physician's order dated 6/4/18 for Gabapentin 300 mg, one capsule at bedtime; Natural Vegetable Laxative, one teaspoon into 8 ounces of water or juice once daily; Losartan 50 mg, one tablet daily; Metformin 500 mg, one tablet two times daily; Keri Original Moisture therapy, apply to plantar feet once daily and let absorb into the skin; Aspirin EC 81 mg, one tablet daily; Multivitamin, one tablet daily; Antacid 500 mg, one tablet daily; Tolnaftate 1% powder, apply a thin layer twice under breast and abdominal fold two times daily. -Physician's order dated 5/30/18 for Basaglar Kwik pen, inject 12 units subcutaneously daily. -Physician's order dated 5/8/18 for Quetiapine 50 mg, two tablets at 4 pm. -Physician's order dated 2/8/17 for Lorazepam 1 mg, one tablet as needed for aggression. -There was no evidence of a July 2018 MAR for the above medications.</p> <p>Interview with staff #1 on 7/2/18 revealed: -The pharmacy did not deliver the July MAR with the medications for client #3.</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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	Continued From page 5  -By the time she realized the error, the pharmacy had already closed. -The medications were delivered over the weekend. -Client #3 did get her medications on 7/1 and 7/2. -Staff did not document the medications because there was no July MAR for client #3. -She confirmed staff failed to record administered medications immediately for client #3.  Interview with the Qualified Professional on 7/2/18 revealed: -Staff just informed her the pharmacy did not include client #3's July MAR with her medication. -Staff informed her the pharmacy had already closed by the time the error was realized. -She was told client #3 did get her medications on 7/1 and 7/2. -She confirmed staff failed to record administered medications immediately for client #3.	V 118		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121	<b>Agency Medical Record staff will track Drug Reviews and will send out Bi-annual notices to Qualified Professional to assure completion effective August 1, 2018 and ongoing. Drug Review to be completed</b>	<b>8/30/18</b>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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 121	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for two of three clients (#1 and #3) who received psychotropic drugs. The findings are:</p> <p>a. Review on 7/2/18 of client #1's record revealed: -Admission date of 11/14/97. -Diagnoses of Moderate Mental Retardation, Schizophrenia, Post Traumatic Stress Disorder, Post Status Burns to Lower Body, Psoriasis of the ears, Allergic to Tomatoes, History of Constipation and History of Urinary Tract Infections. -Physician's order dated 6/8/18 for Zolpidem Tartrate 10 mg, one tablet at bedtime; Aripiprazole 15 mg, one tablet in the morning; Lorazepam 1 mg, one tablet three times daily and Quetiapine 50 mg, one tablet at 6 pm. -The June and July 2018 MAR's revealed client #1 was administered the above medications. -Client #1 had a six months psychotropic drug review completed on 5/25/17. -There was no evidence of a current six months psychotropic drug review for client #1.</p> <p>b. Review on 7/2/18 of client #3's record revealed: -Admission date of 2/1/13. -Diagnoses of Moderate Intellectual Disability, Psychotic Disorder, Type 2 Diabetes, Dermatitis, Psoriasis, Hypertension, Allergic to 18 karat gold and Hepatitis A, B, C. -Physician's order dated 6/4/18 for Gabapentin 300 mg, one capsule at bedtime. -Physician's order dated 5/8/18 for Quetiapine 50 mg, two tablets at 4 pm.</p>	V 121	<p><b>by August 30, 2018 and every</b></p> <p><b>QA Director will complete</b></p> <p><b>monitoring through review</b></p> <p><b>and supervision.</b></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY GLEN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HICKORY GLEN LANE DURHAM, NC 27703</b>		
(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 121	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-Physician's order dated 2/8/17 for Lorazepam 1 mg, one tablet as needed for aggression.</li> <li>-The June 2018 MAR revealed client #3 was administered the above medications.</li> <li>-Client #3 had a six months psychotropic drug review completed on 10/9/17.</li> <li>-There was no evidence of a current six months psychotropic drug review for client #3.</li> </ul> <p>Interview with the Qualified Professional on 7/2/18 revealed:</p> <ul style="list-style-type: none"> <li>-She thought the psychotropic drug review was to be done once a year.</li> <li>-She confirmed the six months psychotropic drug review for clients' #1 and #3 were not completed.</li> </ul>	V 121			