

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LADELL LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1116 LADELL LANE SHELBY, NC 28152
---	---

(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 survey was completed on August 3, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LADELL LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1116 LADELL LANE SHELBY, NC 28152
---	---

(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 review and interview, the facility failed to ensure medications were administered to clients on the written order of a person authorized to prescribe drugs affecting 2 of 2 clients. The facility failed to ensure medications self-administered by clients were authorized in writing by the clients' physician affecting 2 of 2 clients. The findings are:</p> <p>Finding #1 Review on 8/3/18 of Client #1's record revealed: Admission date: 9/17/16 Diagnoses: Mild Intellectual Developmental Disability, Hypertension, Obesity -7/19/18, Physician order for Erythromycin, 5 milligrams (mg), Apply ribbon into Right eye (conjunctival sac) for 10 days; -Client #1's MAR for 7/2018 revealed: -Client #1 was administered the Erythromycin, 5 mg from 7/20/18 to 7/29/18 at 7:00 pm dosage time; -An "auto-stop" was marked on 7/29/18; -Client #1 was not administered the Erythromycin, 5 mg for a total of 10 days;</p> <p>Review on 8/3/18 of Client #3's record revealed: Admission date: 4/20/07 Diagnoses: Schizoaffective Disorder, Moderate Mental Retardation, Hypothyroidism, Bi-Polar Disorder -6/20/18, Physician's order for divalproex (Depakote), 250 milligrams (mg) Extended Release (ER), 1 tablet in the morning and 2 tablets at bedtime;</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LADELL LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1116 LADELL LANE SHELBY, NC 28152
---	---

(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> <ul style="list-style-type: none"> -No physician order that discontinued 2 tablets of divalproex at bedtime; -Client #3's MARs from 5/2018- 7/2018 revealed: <ul style="list-style-type: none"> -5/2018 and 6/2018, MAR documentation was written as physician's order; -7/2018, MAR documentation had "& 2 tablets at bedtime" and "7 pm dosage" marked out in ink; -Client #3 was administered divalproex 250 mg ER at the 7:00 am dosage; -Client #3 was not administered the divalproex at bedtime from 7/1/18-7/31/18. <p>Interview on 8/2/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> -She had lived at the group home for 2 years; -Her medications included: <ul style="list-style-type: none"> -Amlodipine for high blood pressure; -Loratadine for allergies; -Hydrochlorothiazide for "something"; -Junel as her birth control; -Metformin for pre-diabetes; -In the mornings, she checked her blood pressure; -She had taken an antibiotic last month for an eye infection. <p>Interview on 8/2/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> -She took medication to help her calm down when she was mad; -She took medication for seizures because she sometimes had seizures during her sleep at night; -She took some medication in the mornings and some at bedtime. <p>Interview on 8/3/18 with the Group Home Manager (GHM) and Former Qualified Professional (FQP) revealed:</p> <ul style="list-style-type: none"> -Erythromycin was an antibiotic for infection and not sure about the reason it was not given the 10 days; -The GHM stated that the divalproex (Depakote), 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LADELL LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1116 LADELL LANE SHELBY, NC 28152
---	---

(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> <p>250 mg ER should not have been changed on the MAR, there could have been an issue with pharmacy packaging by dose, and she would have the issue explored further to resolve.</p> <p>Finding #2 Review on 8/3/18 of Client #1's record revealed: Admission date: 9/17/16 Diagnoses: Mild Intellectual Developmental Disability, Hypertension, Obesity -Client #1's medications included: -Amlodipine Besylate 10 milligram (mg), 1 tablet po (by mouth) daily; -Loratadine 10 mg, 1 tablet po daily; -Hydrochlorothiazide 25 mg, 1 tablet po daily; -Junel FE 1.5, 1 tablet po daily; -Metformin 500 mg., 1 tablet daily with evening meal; -Omeprazole 20 mg, 1 capsule po daily 30 minutes to 1 hour before meal; -Physician orders included: -Check blood pressure twice daily; -Test blood sugar levels every day before breakfast; -There was no written physician order that Client #1 could self-administer her medications.</p> <p>Review on 8/3/18 of Client #2's record revealed: Admission date: 7/14/15 Diagnoses: Autistic Disorder, Mild Intellectual Delay, Mild Cerebral Palsy with Left Hemiparesis, Oppositional Defiant Disorder, Anxiety Disorder, Bi-Polar Disorder, Polycystic ovary -Client #2's medications included: -Fluticasone Propionate 50 mcg, 1 spray each nostril twice daily; -Ciclopirox 8% Solution, Apply topically at bedtime; -Cetirizine 10 mg, 1 tablet each day; -Vitamin D3 2000 unit, 1 capsule each day in</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LADELL LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1116 LADELL LANE SHELBY, NC 28152
---	---

(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>the morning; -Fluoxetine 40 mg, 1 capsule by mouth each day; -Topiramate 100 mg, 1 tablet twice daily; -Ziprasidone HCL 40 mg, 1 capsule twice daily with meals; -Trazodone 50 mg, 1 tablet at bedtime; -Tri-Sprintec, 1 tablet each day; -There was no written physician order that Client #2 could self-administer her medications.</p> <p>Interview on 8/2/18 with Client #1 revealed: -Her medications included: -Amlodipine for high blood pressure; -Loratadine for allergies; -Hydrochlorothiazide for "something"; -Junel as her birth control; -Metformin for pre-diabetes; -In the mornings, she checked her blood pressure; -She took her own medications in the office of the facility; -Staff observed her take her medications and staff marked it down in a book; -Her medications were kept in a lockbox in the facility office.</p> <p>Interview on 8/2/18 with Client #2 revealed: -Her medications included: -Prozac for depression; -Trazodone for sleep; -Geodon for sleep; -Zyrtec for allergies; -Vitamin D; -A medication for birth control; -Ativan for anxiety; -She stated that she took her own medications and staff observed her when she took her medications; -The medications were locked up in the facility's</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LADELL LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1116 LADELL LANE SHELBY, NC 28152
---	---

(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 5</p> <p>office; -She had no problems taking her medications on her own.</p> <p>Interviews on 8/2/18 with Staff #1 through Staff #3 revealed: -Clients #1 and #2 administered their own medications with staff observation and documentation on the MARs.</p> <p>Interview on 8/3/18 with the Group Home Manager (GHM) and Former Qualified Professional (FQP) revealed: -The FQP stated she understood no doctor order was needed for clients to self-administer their medications if it was in the client's treatment plan; -The GHM stated that the doctor said the clients could self-administer their medications with adult supervision.</p>	V 118		