PRINTED: 08/07/2018
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Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LADELL LANE GROUP HOME	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	INITIAL COMMENTS An annual survey was completed on August 3, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR - Mental Health AUG 15 2018 Lic. & Cert. Section	
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	1. The agency trains all eligible residential staff in medication administration. Please refer to the policy on medication training and medication administration and on medication errors. Training and supervision is performed by a registered nurse. This comprehensive administration policy shall be followed. Staff will be retrained on all medication policies and procedures by the QP by 9/6/18. 2. Physician orders for self administration of medication shall be obtained prior to individuals being put on training programs with staff supervision to learn self administration of medication. Any individual who completes their medication training program and is able to self administer their medications without staff supervision will have a note from their doctor indicating so. The House Manager is responsible for ensuring that medication orders are present and correct. 9/30/18 3. All medications coming in from the pharmacy, shall be checked to ascertain that the medications are correct with the physician's orders and packaged with the dose. If the medications are NOT packaged by the dose, this shall be clearly marked on the medication count sheet and on the medication package (card). Anytime the packaging dosage changed, a new count sheet shall be utilized.	9/6/18 9/30/18

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

Janet L. Parker, BS, QP — 8/15/18

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V 118	Continued From page 1 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: 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; 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;	V 118	4. Lead staff shall check the MAR and the monthly delivery of medications to ensure accuracy and presence of all prescribed medications. 9/01/18 5. Lead staff shall maintain a "Communications Log" showing calls, e-mails, faxes, letters and face-to-face visits with physicians and the pharmacy to ensure individuals have their medications as ordered and all efforts to obtain medications are clearly documented. 9/1/18 6. The Qualified Professional shall train all staff on the Plan of Correction. Direct Support shall be trained at the September Staff Meeting. Lead Staff and the House Manager shall be trained on the POC by the QP no later than 8/31/18	9/01/18 9/1/18 8/31/18

Janet L. Parker, BS, QP 8/15/18

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V 118	Continued From page 2 -No physician order that discontinued 2 tablets of divalproex at bedtime; -Client #3's MARs from 5/2018- 7/2018 revealed: -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. Interview on 8/2/18 with Client #1 revealed: -She had lived at the group home for 2 years; -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 had taken an antibiotic last month for an eye infection. Interview on 8/2/18 with Client #3 revealed: -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. Interview on 8/3/18 with the Group Home Manager (GHM) and Former Qualified Professional (FQP) revealed: -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		

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V 118	Continued From page 3 250 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. 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. 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	V 118		

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V 118	Continued From page 4 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. 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. 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	V 118		

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V 118	Continued From page 5 office; -She had no problems taking her medications on her own. 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. 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.	V 118		

Janet L. Parker, BS, QP 8/15/18

ComServ, Inc.
Policy and Procedures Manual

Policy #: P-010	**Effective Date: 03/15** **Supercedes: P-010 06/11**
Policy Name: Medication Administration Requirements	**Executive Director Approval:** Dawn Kelley

PURPOSE:
To ensure and maintain safe medication administration practices.

POLICY:
All medications will be administered by ComServ, Inc. staff that have been trained in medication administration and/or licensed medical or nursing personnel in accordance with the guidelines of the division of MH/DD/SA and any other applicable medication regulations.

PROCEDURE:

A. Administration of Medication

1. Medications shall be self-administered by individuals only when authorized in writing by the individual's physician.
2. Medications, self administered by the individual, may be carried to work and kept by the individual if he/she has been authorized by the physician, trained, found responsible and it is documented in the individual's Person Centered Plan. Individuals who have demonstrated an ability to self-administer medication may be responsible for their own locked containers.
3. Prior to administering medication independently, direct support staff who have successfully completed the medication administration training must also demonstrate competency by having a minimum of three successful supervised and observed medication passes. Medication passes must be completed within one month of Medication Administration Training. These passes will be supervised by a RN/LPN and/or designee and recorded on the medication monitoring/pass form (Form#P-010A).
4. Physician's Orders are to be properly filed in the service record of the individual. Physician's Orders may include, but are not limited to, standing orders, actual prescription or actual physician order. Physician Orders are in effect for a specific number of days, but in no case to exceed one year (one year for over the counter standing order medication), unless reviewed and refill is approved by the physician.
5. A Medication Administration Record (MAR) of all medications administered to individuals must be kept in the facility where medications are given. The MAR is to include:
    a. Individual's name
    b. Name, strength and quantity/dosage of medication
    c. Instructions for administering the drug
    d. Date and time the drug is administered
    e. Name or initials of person administering the drug (If initials are used, the initials with the person's name shall be documented either on the MAR or a specified place in the service record.)
6. Medications listed on the appropriate MAR are to correspond with Physician's Orders (Form# P-016C). MAR's may be pre printed from the pharmacy or handwritten by

designated staff. Medications are to be administered according to Physician Orders. The MAR is to be maintained in an accurate and current status at all times.

7. Only one individual's medication(s) can be administered at a time, allowing for privacy and the medication container is NEVER to be left unattended.
8. Medications prescribed for an individual may not be administered to another individual. Separate pre-packaged and labeled containers must be used for each person receiving medication. Only a registered pharmacist can dispense pre-packaged and labeled medications.
9. The person who prepared the medication for administration will administer the medication and remain with the individual until (in the case of oral medications) he/she has swallowed/taken the medication(s).
10. Medications administered must be recorded on the MAR immediately after the medication has been administered and individual has been observed to take the medication.
11. If an individual refuses to take medications staff will continue attempts with in the allowed time frame (1 hour before and 1 hour after). Staff will document attempts on a service note or a medication the refusal form (Form #P-010B).
12. Any controlled substance must be under a double lock.
13. Medication errors and drug reactions are to be immediately reported to the supervisor/nurse on call. Refer to Policy P-011 Medication Errors.
14. UNDER NO CIRCUMSTANCES can type, dosage, frequency or time of administration of medications be changed without the order of a Physician.
15. For any individual found to be:
    a. inappropriately using or unauthorized use of a licit drug, a treatment team meeting will be called immediately and the team will decide the appropriate action to be taken or response needed with the individual.
    b. in possession of or using an illegally produced illicit drug, the appropriate authorities will be notified.

    In either case, the appropriate incident report will be completed.
16. Telephone orders may be given by the physician to the RN/LPN or Pharmacist. The RN/LPN will write the order as directed by the Physician. The physician will countersign the order within 72 hours of the telephone order, or provide a copy for the individual's records.
17. No over-the-counter medications, internal or external, may be given to an individual without a physician's written order. This includes medicated ointments and creams as well as substances such as cough drops, Aspirin, Tylenol, etc.
18. All medications administered to an individual are ordered in writing by the treating physician, <u>including over-the-counter medications</u>. An individual or legally responsible person who brings in to the facility, medication for which there is no written order, whether prescribed or over-the-counter, will be asked to remove the medication from the facility. If the medication is not removed, the medication will be disposed of according to Section C below.
19. When an over-the-counter medication is administered upon order of a physician, it is to be recorded in the same manner (MAR) as a regular prescription medication.
20. Shift changes require a count of medications and corresponding documentation on the count sheet (Form #P-010K and/or L). If, during the medication count a discrepancy is found it will be documented on a Medication Discrepancy Form (Form # P-010E).
21. Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible.
22. Medication samples are prohibited.

B. Labeling/Packaging of Medications

1. The packaging label of each prescription drug dispensed must include the following:
    a. Name of individual.
    b. Prescription.
    c. Clear directions for administration; the name, strength, quantity and expiration date of prescribed drug.
    d. The name, address and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.
    e. Prescribing doctor's name.
    f. Current dispensing date.
2. All drugs shall remain in original containers with original labels and are to be stored in locked cabinets
3. Drugs with soiled, damaged or improper labels are to be returned to the pharmacy for replacement medication.
4. Illegible or unlabeled drugs, discontinued drugs, and those remaining after discharge of residents, shall be disposed of according to disposal procedure found in Section C below.

C. Medication Refills(Residential Only)

Medications will be refilled as follows;

1. Medication closets should be checked routinely to determine what needs to be refilled.
2. The supervisor/nurse will ensure that medications needed are called in to the pharmacy.
3. Each facility will have their own written procedures for refilling medications.

D. Medication Shortages

Facilities that administer medications will have their own guidelines for handling shortages of medications.

E. Disposing of Discontinued and Outdated Medications

The Director of Nursing and/or designee will be the person responsible for and/or giving instruction for medication disposal and staff will complete Form # P-010E Disposal of Medication Service Note.

For non-controlled substances:

1. The manager, or designated staff, should check the individual's service record for a physician's order authorizing the discontinuation of the medication.
2. The manager or designated staff person will then return the unused, discontinued medication to the RN/Pharmacy for proper disposal.
3. A Pharmacy Return Form will be completed (this form is provided by the Pharmacy where medication was dispensed). Upon completion, the form will be filed in the individual's service record. The following information will be completed accurately on the form:
    a. Individual's name.
    b. Date and time.
    c. Medication and number of pills, tabs, capsules or liquid amount.
    d. Where medication was returned to.
    e. Staff's signature.
4. Discontinued medication will be returned to the pharmacy within 24 to 72 hours, to include week-ends, of it being discontinued.
5. If the pharmacist is not willing to accept discontinued medication, the following procedure must be followed:
    a. The manager, or designated staff, will make sure there is a physician's order on file in the individual's record authorizing discontinuation of the medication.

b. The manager, or designated staff will take the medication to the Director of Nursing/supervisor for proper disposal.
c. A note will be entered on the Disposal of Medication Service Note with the following information:
   1. Individual's name.
   2. Date and Time.
   3. Medication name, strength and number of pills, or liquid amount.
   4. How and why disposed of.
   5. Staff's signature.

For controlled substances:
Controlled substances will be disposed of in accordance with NC Controlled Substance Act G.S. 90. Upon discharge of an individual, the remainder of his/her drug supply will accompany the individual upon discharge. Upon the death of an individual all medications (controlled and non-controlled) will be returned to the dispensing Pharmacy.

F. Medication Storage

1. All medication kept in the facility will be in a locked stationary container or a locked room in such a manner that the medication is inaccessible to person's receiving services and unauthorized persons.
2. Prescription medications dispensed by the pharmacy will be in tamper-resistant packaging that will minimize the risk of accidental ingestion by children or other individuals.
3. All medication shall be stored in a locked, clean, well-lit, ventilated closet or cabinet between 59 and 85 degrees F.
4. Medication requiring refrigeration should be stored in a locked container in the refrigerator, or in a small refrigerator in a locked medication closet, between 36 and 46 degrees F. This container does not need to be stationary.
5. Medication taken orally (Benadryl, Immodium, cough drops, cough syrup, etc.) should be stored in a separate container from external medication (antibiotic ointment, Tinactin, Calamine Lotion, Hydrocortisone Cream, etc.). If possible, store in separate cupboard; at best they should be on separate shelves.
6. All medications should be stored separately, in a labeled container for each individual.
7. The medication storage area should be maintained in a clean and orderly manner.
8. Comserv, Inc. will not maintain a stockpile of controlled substances.
9. A Medication Storage Audit Form (# P-010F) will be completed once a month by the assigned Residential Manager/Program Director and quarterly by Nursing Staff. This audit will be turned in to the Nursing Staff within five working days. Audits will be kept on file with the Nursing Staff.

G. Safe Handling of Medication:

1. All trained staff administering medications will wash their hands before and after administering medications/treatments.
2. If administering medications to more than one individual staff will wash their hands before and after administering medication to each individual.
3. All individuals receiving medications will wash their hands or use hand sanitizer before and after medication administration.
4. If a medication is dropped or spit out by the individual that medication will not be given to the individual and will be wasted using the Medication Wastage Form (# P-010C).

5. All medication being administered must not be touched by staff and placed in a medication cup and given to the individual.
6. If a medication must be touched, staff administering that medication will use gloves.

H. Transportation and Delivery of Medication:

1. Medications are dispensed at the Pharmacy and transported in a locked container.
2. Medications are signed in and checked for accuracy by the Nurse, Supervisor and/or designee.
3. If the medication is a controlled substance it will be double locked at all times.
4. If medications are transported while on community outings, the medications will be in a locked container and locked in the vehicle at all times.

I. Medications for Leave of Absence (LOA)/Therapeutic Leave/Off-Site Visits

1. Medications may have to be administered by persons other than facility staff when an individual goes on LOA/Therapeutic Leave/Off Site Visit. Medications will not be handled by the individual unless otherwise stated in the treatment/service plan.
   a. Medications will be counted prior to any LOA/Therapeutic Leave/Off- Site.
   b. Medications for LOA/Therapeutic Leave/Off-Site can be provided in a separate container labeled by the pharmacist, or the individual's entire supply of medication can be provided to the responsible person picking up the individual going out on leave.
   c. The manager, or designated staff, will verify that the container is labeled according to the physician's script.
   d. The manager, or designated staff, will document these same instructions on Form # PCS-060A Release of Responsibility/Off Campus Excursion and have the person receiving the individual's medication sign-off on receipt of the directions and the medication.
   f. When the individual returns from leave, staff will question the party returning the person to be sure medications were given as directed by the physician and find out if any problems were experienced. A medication count will be conducted upon the individual's return to the facility.

H. Medication Review:

1. If the individual receives psychotropic drugs, a review of each individual's drug regimen is to occur at least every six months. Medications will be reviewed quarterly in the ICF/MR Program and recorded on (Form #P-010G). A pharmacist and/or physician will perform the review.
2. The findings of the Medication Review will be recorded in the individual's record, along with corrective action, if applicable.

Related Forms: #P-010A Medication Administration Monitoring/Pass
#P-010B Medication Wastage
#P-010C Medication Discrepancy Form
#P-010D Disposal of Medication Service Note
#P-010E Medication Storage Audit
#P-010F Standing Medical Orders
#P-010G Medication Review
#P-010H Medication Administration Record (Southern Region Day Services)
#P-010I Medication Count Sheet (ICF Only)
#P-010J Medication Count Sheet (Non-ICF)

ComServ, Inc.
Medication Administration Monitoring/Medication Pass Form

Employee's Name:_____ **Employee Location:** _____

Instructions: This form is to be used for new employees that require medication monitoring in order to be signed off to give medications in the facility. It is also to be used when monitoring employees during a medication pass. Therefore, one form, one employee, one med monitoring/pass and one individual.

Record Number:_____

Medication(s) To Be Administered:_____

	Yes	No
Employee gathered all equipment prior to administration?		
Employee used sanitary precautions prior to administering medications?		
Did employee check to make sure that MAR, Label and Physician Order matched?		
Were medications given in correct time frame?		
Did employee know reason for giving medications? If not, was the usage explained to the employee?		
Did employee know the side effects of the medication?		
If not, was the employee able to utilize sources for the side effects?		
Did the employee voice understanding of side effects?		
In observing administration, was it given correctly (utilizing the Seven Rights of Medication Administration and correct location?		
If individual was on self-administration, was it done correctly?		
Was M.A.R. signed after medication was administered, and was medication count done correctly?		
Did the employee know the individual's current diets and why, if individual was on a therapeutic diet?		
Was medication given in correct location?		
Was privacy respected for the individual?		
Is the employee's signature on the back of the MAR?		
Appropriate fluids were offered with medications?		
Independence was encouraged with individual?		
Used appropriate techniques/methods as indicated (crushed, thickened, vital signs, etc)?		
Observed individual taking and swallowing medications?		
Employee stored medications appropriately?		
Employee rechecked MAR to sure all medications had been given and documented?		
Employee maintained security of medications?		
Employee stored controlled medications appropriately and counted and signed count sheet and MAR per policy?		

Form #P-010A Medication Monitoring/Pass (01/12)

Employee administered and documented PRN medications appropriately, if applicable? If not did employee verbalize correct procedure?		
Recorded information on other facility forms or verbalized procedure (i.e. medication error, discrepancy, wastage, etc.)?		
Employee verbalized procedure for medical emergency?		

Comments:

_____

_____

_____

_____

_____

***For Medication Pass, that allows the employee to give medication without being monitored, please indicate which pass ___ 1st ___ 2nd ___ 3rd ___ Final

_____ _____

Employee Signature **Date**

_____ _____

Observer's Signature **Date**

**Notes:

ICF Region will send copy to Nursing and original to QP for filing in competency record.

Northern Region will send copy to QP and original will be filed in competency record.

Southern Region will send copy to Nurse and the original will be filed in the competency record.

Form # P-010B Medication Refusal (01/12) Page 1 of 1

Name:	DOB:	Medicaid #:	Record #

ComServ, Inc.
Medication Refusal Service Note

Date:_____ **Time:**_____

Medication and Dosage:_____

Dosage Time:_____

Reason for Refusal (to include attempts made):_____

Name of Supervisor/Nurse called:_____ **Date/Time called:**_____

Instructions given to staff by the supervisor/nurse:_____

_____

Supervisor/Nurse Signature, Title and Credentials **Date**

Form # P-010C Disposal Of Medication (01/12) Page 1 of 1

Name:	DOB:	Medicaid #:	Record #:

ComServ, Inc.
Disposal of Medication Service Note

If a medication is discontinued, expired, dropped, spit out, vomited, found on floor or other place other than approved package, or cannot be identified then disposal of the medication(s) will occur using this form.

Date Given to Pharmacy: _____

Name of Pharmacy: _____

Please explain how and why medication was disposed of:

_____

_____

_____

Medication(s) being sent back to Pharmacy:

Medication	RX #	Date Filled	Dosage	Quantity

_____ _____

Signature of Person Completing and Transporting to Pharmacy Date

ComServ, Inc.
Medication Discrepancy Form

This form is to be used if there is a discrepancy in the **actual** medication count and the number that is written on the medication count sheet. Once completed this form is to be turned in to the nursing staff/supervisor.

Facility:_____ Date:_____

Prescription #	Medication	Strength	Dosage Form	Previous # and Time	Current # and Time

Describe Discrepancy:_____

_____

_____

_____

_____

_____ _____

Person Discovering Discrepancy Date

Nursing/Supervisor Action Required:

☐ Solved Explain (give Individual's name)

_____

_____

☐ Unsolved I have reviewed the MAR of all Individuals currently on this drug in the same facility and cannot locate the discrepancy.

Any Further Action Required:
Remarks:_____

_____

_____

Signature and Date

ComServ, Inc.
Medication Storage Audit

Date of Audit: _____

Instructions: This form to be completed every time an audit is performed on medication storage. The original should go to the supervisor of the facility. The auditor should keep a copy.

Facility:	YES	NO	N/A
All controlled medications are double locked?			
All medications are locked?			
There is adequate security for all drugs?			
The staff person responsible for medication administration has the med keys on their person?			
If key locks are used, is the distribution of keys well controlled so that keys are provided only to persons authorized to access medications?			
There is soap, water and paper towels/antiseptic cleaner in the immediate area?			
Internal and External medications are stored separately?			
Items necessary for administration are available (i.e. med cups, straws, gloves, etc.)?			
Medication that requires refrigeration are stored at appropriate temperature? (42-48 degrees Fahrenheit)			
The area where medications are stored is clean and orderly?			
All medications are in labeled containers?			
Stock medications are stored separate from prescribed medications?			
Medication labels are clear and clean?			
All medications are within expiration date noted on label?			
There are no unauthorized medications in storage area?			
There is no evidence of discontinued medications in storage area?			
There are reasonable amounts of stock medications?			
Storage area only contains items related to medication administration?			
There is a current written order for all medications?			
The instructions on the MAR match the instructions on the Physician Order?			
There is a current MAR for each person?			
There are medication information sheets available for all medications?			
There is a count sheet for all medications?			
The count sheets are correct and verified by two signatures?			
Medication administration has been documented correctly and completely?			

Form # P-010E Medication Storage Audit (01/12)

Medications requiring refrigeration are in a locked container inside the refrigerator?			
Is there a sharps container?			
Medical equipment is stored clean and organized (i.e. gauze, gloves, thermometer, blood pressure cuff, med cups, etc.)?			
Medication forms are on-site, current and available to staff (i.e. incident report, med error, med discrepancy, med refusal, med wastage, etc.)?			

Comments: _____

_____

_____

_____

_____

_____ _____

Auditor Signature **Date**

Form # P-010F Standing Medical Orders (01/12) Page 1 of 1

Consumer Name:	DOB:	Medicaid #:	Record #:

ComServ, Inc.
Standing Medical Orders
(Non-ICF/MR)

****This form is to be used when standing medical orders cannot be obtained by physician.**

Physician Name/Number:	
Dentist Name/Number:	
Allergies:	
Pain/Fever above 100*	**Tylenol** (Acetaminophen) 325mg or 500mg 1-2 tabs every 4-6 hours PRN **Ibuprofen** 200mg. 1-2 tabs every 4-6 hours PRN. May substitute liquid or suppository equivalent as needed. Also use tepid tub or sponge bath for fever above 103*. Contact MD if symptoms worsen or persist for more than 24 hours.
Sore Throat	**Chloraseptic Spray** PRN or **Sucrets Lozenges** 1 every 4 hours PRN
Nasal Congestion	**Sudafed** 30mg. or **Chloratrimeton** 4 mg every 4 hours PRN
Cough	**Robitussin** 15-30cc every 4 hours PRN
Acid Indigestion	**Mylanta** 15-30cc every 4 hours PRN
Nausea/Vomiting	**Emetrol** 30cc every 15-30 minutes PRN for severe vomiting or continues for 24 hours contact MD.
Constipation	**Milk of Magnesia** 30-60cc or **Miralax** as directed. After 24 hours or 3 days with no bowel movement give **Dulcolax Suppository.** If no results after 24 hours give **Fleet Enema** and report results.
Diarrhea	**Immodium AD** 2 tabs after 2nd loose stool. If continues after 24 hours contact MD.
Scratches/Minor Cuts/Abrasions	Cleanse with soap and warm water or hydrogen peroxide, apply antibiotic ointment, cover with band aid or dressing PRN.
Allergies (minor)	**Benadryl** 25mg. every 4-6 hours
Groin Rash/Jock Itch/Athlete's Foot	**Tinactin Cream/Spray** apply to area 2 times daily for 2 weeks PRN
Poison Oak/Ivy or Rash/Itching/Bee Stings	**Hydrocortisone 1% Cream** apply sparingly to affected area 3 times daily or **Calamine Lotion** PRN. If severe then **Benadryl** 25mg. every 4 hours PRN and notify supervisor/Nurse or MD before giving.
Sunscreen	**Lotion** above 30 (ingredients include PABA) Apply as directed.
Sunburn	**Aloe Lotion/Gel** apply as directed.
Diaper Rash	**Desitin or A&D ointment** apply as directed.
Other:	

Physician Signature and Date

Form # P-0101 Medication Count Sheet (Non-ICF) (01/12)

NAME:	DOB:	MEDICAID #:	RECORD #:

COMSERV, INC.
MEDICATION COUNT SHEET
(NON-ICF)
MONTH: _____ YEAR: _____

MEDICATION _____ DOSAGE OF MEDICATION _____
DIRECTIONS: GIVE _____ TABLETS/CAPSULES _____ AT _____

☐CONTROLLED ☐NON-CONTROLLED

DATE	TIME	NUMBER BEFORE GIVING	INITIAL	NUMBER AFTER GIVING	INITIAL	SHIFT EXCHANGE COUNT	SIGNATURE(S) REQUIRES 2 SIGNATURES AT SHIFT EXCHANGE ONLY

INITIALS	STAFF SIGNATURE	INITIALS	STAFF SIGNATURE

Form #P-010K (1/12)

Name:	DOB:	Medicaid #:	Record #

Medication Procedure for Overnight Visits
(Residential Only)

I understand that I must notify the QP, House Manager, or Nurse, three working days (72 Hours) in advance of taking my family member home. All medications, for your family member, that are in the facility will be sent for your family member's overnight visit. If you do not wish to take your family member's medication(s) with you on the overnight visit, you must sign the Release of Responsibility that no medications are being taken. All medications must leave and return to the facility properly packaged (refer to Policy #P-010 Medication Administration Requirements).

I also understand that I must return all medications upon my family member's return to the facility. If unused medications are not returned, I must either:

1. Take my family member back home until I can return with the medication(s); or
2. Remain at the facility with my family member until the unused medication(s) are delivered to the facility.

**This consent is good for the duration of time the individual receives services with ComServ, Inc.*
***This consent may be withdrawn at any time by contacting the Qualified Professional.*

	Date
Signature of Individual/Legally Responsible Person	

ComServ, Inc.
Policy and Procedures Manual

Policy #: P-011	**Effective Date: 03/15** **Supercedes: 06/11**
Policy Name: Medication Errors	**Executive Director Approval:** Dan Kelley

PURPOSE:
To define procedures to report, review, correct, counsel and/or discipline staff regarding medication errors.

POLICY:
ComServ, Inc. staff certified to administer medication to individuals served will report all medication administration errors and all drug reactions. This includes but is not limited to: 1) errors made or caused by staff, 2) errors discovered by staff, 3) medication refusals, 4) those resulting from loss or spillage of medication. ComServ, Inc. takes seriously all medication errors and therefore has set forth procedures for addressing repeated errors through corrective and/or disciplinary action with responsible staff. Action taken will be based on frequency and severity of errors that occur as well as potential or actual harm caused by the error.

DEFINITIONS:
- Missed Dose: Any dosage of medication not given to an individual. This does not include a refusal.
- Wrong Dose: Any dosage of medication that does not follow the prescribed order.
- Dose Preparation Error: Medication is not prepared properly.
- Wrong Time: Any dosage of medication not given within one hour before or after prescribed time.
- Wrong Administration Technique: Medication given improperly, such as orally instead of topically.
- Wrong Individual: Individual's medication given to another person.
- Wrong Medication: Any incorrect or prescribed medication administered to an individual.
- Loss or Spillage of Medication: Medication is dropped or spilled.
- Medication Refusal: Missed dosage due to individual's refusal to take medication after staff has made multiple attempts to get individual to take medication and if not taken within 1 hour of prescribed time.

PROCEDURES:

A. Reporting

1. The types of medication errors that are to be reported are those listed and defined under "definitions" above.
2. **In the case of any medication error, if the individual shows any side effects or adverse reaction/distress (i.e. coughing, pain, confusion, vomiting, unusual sleepiness) and individual requires medical attention, staff will give or seek emergency assistance immediately.**
   a. Staff will report error to the supervisor/nurse-on-call, who will advise accordingly.
   b. As required, the supervisor/nurse-on-call will immediately report medication error and any adverse drug reactions to a physician or pharmacist.
      (1) The role of the pharmacist, physician, physician's assistant or nurse practitioner is to assist staff with determining the level of threat to individual's health and safety and if any treatment by a professional is needed. This process also helps staff to determine the level of reporting.
      (2) If determined there is no threat to health and safety, the medication error will be reported as a Level I incident. Level I documentation will include the type of medication error, name of pharmacist/physician consulted, their statement about error or instructions given, date and time of contact, and name of staff making contact.

c. Staff will complete the appropriate level incident report according to the severity of the medication error as follows:
   - Level I Incident Report. ICF staff will complete, in addition to the Level I report, the Medication Error Report form #P-011A; **OR**
   - Level II Incident Report; QP will enter in IRIS system, **OR**
   - Level III Incident Report; QP will enter in IRIS system

d. Level II or III errors in self-administration should be reported within 72 hours of learning of incident, even if error did not happen while actively engaged in providing services.

3. Staff will also refer to policy #LR-010, Incident Response.

B. Corrective/Disciplinary Action

ComServ Inc. takes seriously all medication errors involving individuals served and will respond accordingly. Staff administering medication is legally responsible for administering all medications as prescribed and appropriately. Therefore, ComServ has developed the following procedures as a way to convey its low tolerance for when repeated medication errors occur, especially when staff has just completed training and determined competent to independently administered medication or shortly thereafter.

1. Medication errors often occur when staff does not follow the seven rights for giving medication to an individual. Therefore, it is extremely important that staff comply with the six rights of medication administration which includes ensuring each time medication is administered:
   - ✓ Individual is given the **Right Medication**
   - ✓ Medication is given to the **Right Person**
   - ✓ Individual receives the **Right Dose** (per order/prescription/MAR)
   - ✓ Medication is given to individual at the **Right Time** (per order/prescription/MAR)
   - ✓ Medication is given to individual by the **Right Route**
   - ✓ The **Right Documentation** is made (i.e. MAR completed)
   - ✓ The **Right Method**

2. The supervisor is responsible for reviewing each medication error report and making sure appropriate documentation (service note) is made in the medical record.

3. The supervisor will also keep a record of each medication administration error made and action taken with staff making error. This will be done by the supervisor using form #P-011B, Corrective/Disciplinary Acton: Staff Medication Errors.
   a. The gravity and potential for or actual harm caused by the medication error will determine the level of corrective and/or disciplinary action taken with staff.
   b. Medication errors, except in the case of those listed below where staff may not be at fault for error, may be treated as unacceptable job performance:
      (1) Medication refusal - as long as staff have followed all proper medication administration procedures and have made documented, repeated attempts to get individual to take medication within 1 hour of prescribed time. Note: An individual has the right to refuse medication.
      (2) Loss or Spillage- when an individual spits out medication or causes spillage of medication.
      (3) Missed Dose – only when missed dosage occurs because medication is not available. This does not include missed dosage that occurs because staff forgot to administer.
      (4) Medication error determined, by the supervisor/nurse, to be no fault of staff administering medication, i.e. cycle fill, change of prescription, incorrect pre-printed MAR.
   c. Documentation errors are not considered medication errors; however failure to document on the MAR could lead to a medication error. Errors often occur when staff incorrectly document on the MAR or simply fail to document at all when medication is given. Repeated documentation errors may result in disciplinary action up to and including termination.

4. The supervisor will complete form P-011B for each incident of a medication error. This form will serve as documentation of corrective or disciplinary action taken with staff and can be used to support any disciplinary action for poor job performance that may lead to termination of staff. Original documents will be filed with the supervisor and copies forwarded to the HR Manager for placement in staff's personnel file.

C. Monitoring

Medication errors are monitored by the QAI Coordinator for trends/patterns. In addition, a COPY of corrective/disciplinary action will be attached to the incident report when routed to the QAI Coordinator, who will pull and maintain for further monitoring. This occurs through regular review and analysis of incident reports. Regular reports are provided to the QAI Committee for additional recommendations for preventing or eliminating any future occurrences.

Related Forms:

Form# P-011A, Medication Error Report
Form# P-011B, Corrective/Disciplinary Action: Staff Medication Errors

Form P-011B (03/15)

Corrective/Disciplinary Action:Staff Medication Errors

Staff: _____ **Date:** _____

Individual Involved: _____ **Date of Error:** _____

(record # and initials only; no names)

Work Location: _____

Instructions:

1. Supervisor to mark items as applicable in regard to medication error made by staff.
2. 1 year = 365 consecutive calendar days & rolls forward with each calendar day; not a 12 month calendar period.
3. Original form to be filed with supervisor; copy of form to be sent to HR Manager for filing in staff's personnel file.

TYPE "A" Offense

The following are considered Type "A" offense:

Error:

- ☐ Failure to document on the MAR correctly
  - ☐ No documentation
  - ☐ Incorrect documentation
- ☐ Failure to complete the medication count
  - ☐ Before giving medication
  - ☐ After giving medication
  - ☐ At shift change
- ☐ Failure to complete incident report
- ☐ Failure to notify supervisor/nurse of medication error
- ☐ Loss/Spillage of medication

Corrective/Disciplinary Action:

Based on the medication error above, the following action occurred:

- ☐ 1st offense within 1 year = counseling/verbal warning
- ☐ 2nd offense within 1 year = written warning
- ☐ 3rd offense within 1 year =
  - ☐ Suspension of medication administration privileges until supervisor/RN is satisfied that staff is competent to administer medication independently & unsupervised
  - ☐ In-service on Medication Administration Requirements policy (#P-010) & facility specific medication

NOTE: Repeated occurrences of Type "A" violations may result in separation from employment.

TYPE "B" Offense

The following are considered Type "B" medication errors:

Error:

- ☐ Administering wrong medication
- ☐ Administering medication to wrong individual
- ☐ Administering wrong dosage of medication
- ☐ Administering medication at the wrong time
- ☐ Administering medication by the wrong route
- ☐ Failure to administer medication (missed dose)
- ☐ Failure to re-order medication
- ☐ Failure to communicate known change to medication
- ☐ Failure to ensure timely delivery or pick up of medication
- ☐ Any Level 2 or Level 3 medication error.

Corrective/Disciplinary Action:

- ☐ 1st offense within 1 year = written warning
- ☐ 2nd offense within 1 year = final written warning, suspension of employment until in-service training completed on Medication Administration Requirements policy (#P-010) & facility specific medication training
- ☐ 3rd offense within 1 year = termination of employment

- Revoking medication certification may result in termination of staff if job position requires staff to administer medication.
- Any medication error that is deemed LIFE THREATENING by the supervisor in consultation with the service director and nurse may be grounds for immediate termination.
- Intentional fraudulent documentation of medication administration that is substantiated through investigation may be grounds for immediate termination.
- Termination for either offense (Type "A" or Type "B") would be determined by Supervisor, RN, Service Director and Human Resource Manager as a joint decision.

Describe any circumstances that may have contributed to medication error:

_____
_____
_____

Strategies/suggestions to prevent a similar medication error from occurring:

_____
_____
_____

Comments (i.e. recommendations; notes of review, counseling, discipline):

_____
_____
_____
_____
_____
_____
_____
_____
_____

SIGNATURES

Staff:_____ Date:_____

Supervisor:_____ Date:_____

TX Result Report

P 1
08/15/2018 12:22
Serial No. A61E011019740
TC: 120131

Addressee	Start Time	Time	Prints	Result	Note
9197333207	08-15 12:21	00:00:57	000/027	No Ans	FWD

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK:Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Aug. 15. 2018 11:57AM No. 2289 P. 1

ComServ, Inc. - Shelby Office
PO Box 267
Shelby, NC 28151
Telephone: 704 471-2199
Fax: 704 471-2353

ComServ

FAX

Date: 8/15/18
To: Rebecca Hensley
Company: The NC DHSR
Fax No.: 919-715-8028

From: Janet Parker
ComServ
Location: Shelby
Fax No.: (704) 471-2353
Telephone No.: (704) 471-2199
#22 Pages (Including Cover)

MESSAGE:

Plan of Correction for MHL023012. Please call me if you have any questions or concerns at (828) 292-1896

ComServ, Inc. - Shelby Office
PO Box 267
Shelby, NC 28151
Telephone: 704 471-2199
Fax: 704 471-2353

FAX

Date: 8/15/18

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27 Pages (Including Cover)

MESSAGE:

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