

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2018
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NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 10	STREET ADDRESS, CITY, STATE, ZIP CODE 160 CAMELOT ROAD SALISBURY, NC 28147
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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 survey was completed on August 17, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</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</p>	V 118		

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

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to dispose of expired medications affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 8/14/18 of Client #1's record revealed: -Admission date of 2/26/18; -Diagnoses of Oppositional Defiant Disorder, Depressive Disorder, and Intellectual Developmental Disability - Mild; -Physician's order dated 3/8/18 for Triamcinolone ointment 0.1% to affected areas twice daily.</p> <p>Interview on 8/15/18 with the Administrator revealed: -Will order a new bottle of Triamcinolone ointment for Client #1 for today's delivery and will remove expired bottle from the facility.</p> <p>Interview on 8/18/18 with the Administrator revealed: -Client #1 received a new bottle of Triamcinolone ointment from the pharmacy.</p> <p>Observation on 8/15/18 at approximately 9:05am of Client #1's medications revealed: -Jar of Triamcinolone ointment 0.1% with pharmacy dispense date of 2/18/17 and manufacturer's label with expiration date of June, 2018.</p>	V 118		