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
	MHL010-088	A. BUILDING: ______ B. WING ______	09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A CARING HEART AFL 2	**1068 VICTORIA LANE NE NAVASSA, NC 28451**

(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 September 5, 2018. A deficiency was cited. This facility is licensed for the following category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
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		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer prescription medications as ordered by the physician, and maintain an accurate MAR for 1 of 1 client audited (client #1). The findings are: Review on 9/5/18 of client #1's record revealed: -29 year old female admitted 10/9/17. -Diagnoses included Intermittent Explosive Disorder, Schizoaffective Disorder, and Mild Intellectual Developmental Disabilities. -Order dated 2/7/18 for Invega ER (extended release) 3 mg (milligrams) twice daily (morning and noon), 6 mg at bedtime. (Schizoaffective disorder). -Order dated 6/20/18 for Invega ER 6 mg at night. Order for Invega ER 3 mg twice daily (morning and noon) was not reordered, and had been deleted as a "current order" on the signed physician orders. -Order dated 6/12/18 for Quetiapine Fumarate 50 mg, 2 tablets daily for 10 days, Quetiapine Fumarate 50 mg, 1 tablet for 10 days, Quetiapine Fumarate 50 mg, 1/2 tablet for 5 days, then stop. (Schizoaffective disorder). Observations at 12:05 pm on 9/5/18 of client #1's medications on hand revealed: -3 bottles of Invega ER 3 mg on hand. Dispense date read 8/23/18. -Instructions for Invega ER 3 mg read to take 1 tablet at breakfast, 1 tablet at lunch, and 2 tablets at bedtime.	V 118		

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V 118	Continued From page 2	V 118		

Review on 9/4/18 and 9/5/18 of client #1's MARs from 6/1/18 through 9/4/18 revealed:
-Invega ER 3 mg was documented as administered at 7 am from 6/21/18 - 6/30/18.
-No Invega ER 3 mg documented as administered at noon from 6/1/18 - 6/20/18.
-Quetiapine Fumarate 50 mg, 2 tablets twice daily was documented as administered from 6/12/18 - 7/6/18.

Interview on 9/5/18 the staff stated:
-Client #1 received medications in the morning and at night.
-No medications were sent to be administered at the day program.
-She administered 2 Invega ER 3 mg tablets in the morning and at night.
-She did not keep copies of medication orders at the home. Orders were sent to the Qualified Professional and filed in the office.

Interview on 9/5/18 the Office Staff stated:
-She prepared the MARs from physician orders.
-It had been difficult to get signed orders for client #1.
-She did not have a way to show the tapered dose for Quetiapine Fumarate on the MARs.

Interview on 9/5/18 the Qualified Professional stated:
-They would have the nurse to help prepare MARs in the future.
-She would talk with the direct care staff to make sure medications were given as ordered.

Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.