

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
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NAME OF PROVIDER OR SUPPLIER HUDSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4734 PALUSTRIS COURT CHARLOTTE, NC 28269
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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 September 12, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals 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</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation the facility failed to keep MARs current affecting 1 of 2 clients (Client #2). The findings are:</p> <p>Review on 9/10/18 and 9/12/18 of Client #2's record revealed: -Admission date of 7/12/18; -Diagnoses of Moderate Intellectual Developmental Disability, Psychotic Disorder with Delusions, Intermittent Explosive Disorder, Autism Disorder, Allergic Rhinitis, Morbid Obesity, Pre-Diabetes; -Physician's order dated 3/6/18 for hydrochlorothiazide 12.5mg 1 tab daily (blood pressure); -September, 2018 MAR did not list hydrochlorothiazide 12.5mg 1 tab daily.</p> <p>Interview on 9/12/18 with the AFL Provider revealed: -Did not realize that Client #2's September, 2018 MAR did not list hydrochlorothiazide 12.5mg 1 tab daily; -Client #2 had been administered hydrochlorothiazide 12.5 mg 1 tab daily as ordered by the physician; -Will immediately contact the pharmacy to ensure an accurate MAR is delivered to the facility.</p> <p>Observation on 9/12/18 at approximately 2:25pm of Client #2's medications revealed: -Blister pack of hydrochlorothiazide 12.5mg</p>	V 118		

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V 118	Continued From page 2 dispensed on 8/29/18 with administration directions of take 1 tab daily.	V 118		