

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-935</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/26/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UPWARD PROCESS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>568 ALLEGHANY ROAD</b> <b>FAYETTEVILLE, NC 28304</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 26, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 117	<p><b>27G .0209 (B) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117		

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

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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure that medications for administration at the facility were packaged and labeled as required. The findings are:</p> <p>Review on 09/25/18 of client #2's record revealed: - 53 year old female. - Admission date of 10/01/12. - Diagnoses of Schizophrenia Paranoid Type, Generalized Anxiety Disorder, Dyslipidemia and Chronic Obstructive Pulmonary Disease.</p> <p>Review on 09/25/18 of client #2's FL-2 dated 05/08/17 revealed the following medication orders: - Flonase (treats nasal congestion) - 2 sprays in each nostril everyday. - Advair (prevents asthma attacks) - one puff twice daily.</p> <p>Observation on 09/26/18 at approximately 11:00am of client #2's medications revealed: - Flonase nasal spray - No label to indicate the client's name or required information. - Advair inhaler - No label to indicate the client's name or required information.</p> <p>Interview on 09/25/18 the Licensee stated: - He understood a client's medications needed to be properly labeled. - He would obtain labels for client #2's medications.</p>	V 117		

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V 291	Continued From page 2	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain coordination between the facility operator and the</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>professionals who are responsible for the client's treatment, affecting one of three audited clients (#2). The findings are:</p> <p>Review on 09/25/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 53 year old female.</li> <li>- Admission date of 10/01/12.</li> <li>- Diagnoses of Schizophrenia Paranoid Type, Generalized Anxiety Disorder, Dyslipidemia and Chronic Obstructive Pulmonary Disease.</li> </ul> <p>Review on 09/25/18 of client #2's physician note dated 05/02/16 revealed Proair (treats bronchospasm) inhale 2 puffs 4 times daily as needed for shortness of breath.</p> <p>Observation on 09/25/18 at 11:00am at the facility revealed:</p> <ul style="list-style-type: none"> <li>- Client #2 was at a day program.</li> <li>- Client #2's medications revealed Proair inhaler.</li> </ul> <p>Interview on 09/25/18 the Licensee stated:</p> <ul style="list-style-type: none"> <li>- Client #2 attended a day program during the day.</li> <li>- Client #2 did not take his Proair inhaler with him in the community.</li> <li>- He would follow up to determine if client #2 could self administer his Proair inhaler.</li> </ul>	V 291		