

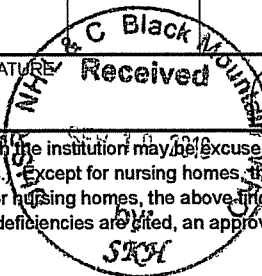
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2018
NAME OF PROVIDER OR SUPPLIER FRANKLIN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 FRANKLIN BLVD GASTONIA, NC 28054		
(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) COMPLETION DATE	
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the system for drug administration failed to assure that drugs were administered in compliance with the physician's orders for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations conducted throughout the 8/13/18-8/14/18 survey revealed client #1 with numerous red, raised areas over his arms and legs which he showed to staff at frequent intervals, stating they "itched". Interview with the group home manager and the qualified intellectual disabilities professional (QIDP) on 8/13/14 at 4:15 PM revealed client #1 had gotten numerous mosquito bites while visiting his family over the previous weekend, and had been seen by the physician at 3:00 PM on 8/13/18.</p> <p>Further observations conducted on 8/14/18 at 8:20 AM revealed client #1 entered the medication administration area and was assisted by staff to receive medications including Quanapril 10 mg., Acidophilus- one capsule, Questran powder-1 packet- mixed in 8 oz. water, Multivitamin- one tablet, Omega 3- 30 mg., Ecotrin 81 mg. and Loratadine 10 mg. Continued observation during the medication administration for client #1 revealed Mucinex ER 600 mg. had been delivered by the pharmacy, however, no doses had been administered from the delivery card and the physician's order had</p>	W 368	<p>The Franklin ICF home will assure the system for drug administration assures that all drugs are administered in compliance with the physician's orders. Specifically, the notification system of when physician's orders are entered and received by the nursing department will be reviewed. The expectation will be that no medication, once ordered and consent obtained, will be delayed in administering. Should circumstances warrant a delay, the physician will be notified immediately to relay the factors causing a delay.</p> <p>In this situation, a miscommunication between the retiring Nursing Director and the current Nursing Director lead to the delay of not approving the orders once Edgeway Pharmacy had uploaded the order into our emar system, Accuflo. As a result, these two medications did not get approved by nursing to begin upon arrival. This was rectified immediately for person served #1 in the survey sample. The review has not found any additional occurrences of this type of delay in the past six months.</p> <p>The new Director of Nursing and the Assistant Director of ICF will meet at least bi-weekly to review all new orders for the 5 persons at Franklin and determine that our system continues to implement orders as they arrive in the emar/Accuflo system. The QIDP will be responsible for stating all new orders in the medical record (electronic health record/Therap) review at least quarterly.</p>	10/1/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Inda J. Stiller* **Received** TITLE: Assistant Director (X6) DATE: 8/31/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2018
NAME OF PROVIDER OR SUPPLIER FRANKLIN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 FRANKLIN BLVD GASTONIA, NC 28054		
(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) COMPLETION DATE	
W 368	<p>Continued From page 1</p> <p>not been entered into the computerized medication administration system. Staff administering medication was then observed to consult with the nurse who was present in the home and was instructed to give the Mucinex ER 600 mg. and record it later, when it had been entered into the system. Client #1 was subsequently observed to receive the Mucinex ER 600 mg. -1 capsule at 8:40 AM.</p> <p>Review of the record for client #1, conducted on 8/14/18 revealed a physician's order dated 8/13/18 for Mucinex 600 mg. twice daily for 5-7 days and anti-itch cream -apply every 6 hours as needed for insect bite.</p> <p>Interview with the QIDP on 8/13/18 and 8/14/18 revealed client #1 had an appointment with the physician on 8/13/18 during which the physician ordered the Mucinex ER 600 mg. -1 capsule twice daily for cough as well as anti-itch cream -apply every six hours as needed for insect bites. Continued interview with the QIDP revealed the pharmacy had delivered the Mucinex ER 600 mg. and the anti-itch cream on 8/13/18 at 6:45 PM. Interview with the nurse on 8/14/18 verified Client #1 had not received the Mucinex ER on 8/13/18 as ordered by the physician, and further verified client #1 had not received application of anti-itch cream to his insect bites as ordered by the physician.</p>	W 368			