

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/05/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LUCA'S HOPE III	STREET ADDRESS, CITY, STATE, ZIP CODE 243 LILEDOUN ROAD TAYLORSVILLE, NC 28681
--	--

(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 and follow up survey was completed on October 5, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children of Adolescents.</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 with a physician.</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/05/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LUCA'S HOPE III	STREET ADDRESS, CITY, STATE, ZIP CODE 243 LILEDOUN ROAD TAYLORSVILLE, NC 28681
--	--

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure MARs were current for 2 of 3 audited clients (#1, #2). The findings are:</p> <p>Record review on 10/4/18 for Client #1 revealed: -Admitted on 9/2/16 with diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Oppositional Defiance Disorder. -Physician's orders dated 12/13/17 for Concerta 36mg, 2 daily, and Clonidine .2mg, 1 at bedtime.</p> <p>Review on 10/4/18 of the August 2018-October 2018 MARs for Client #1 revealed: -On the August 2018 and September 2018 MARs the milligram dosage for Concerta was listed as 72mg instead of 36mg. -The Concerta was not documented as administered on 8/31/18. -The Clonidine was not documented as administered on 8/2/18, 8/30/18 and 8/31/18.</p> <p>Record review on 10/4/18 for Client #2 revealed: -Admitted on 1/28/18 with diagnoses of Unspecified Schizophrenia Spectrum and other psychotic disorder, Oppositional Defiance Disorder, and Attention Deficit and Hyperactivity Disorder. -Physician's orders dated 2/5/18 for Focalin XR 40mg, 1 daily, and Lamotrigine 100mg, 1 at bedtime. -Physician's order dated 1/29/18 for Abilify 5mg, 1 daily.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/05/2018
NAME OF PROVIDER OR SUPPLIER LUCA'S HOPE III		STREET ADDRESS, CITY, STATE, ZIP CODE 243 LILEDOUN ROAD TAYLORSVILLE, NC 28681		
(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 118	Continued From page 2 Review on 10/4/18 of the August 2018-October 2018 MARs for Client #2 revealed: -Staff had documented administration of Focalin, Lamotrigine and Abilify for the date of 9/31/18. September had only 30 days. Interviews on 10/4/18 and 10/5/18 with the Director revealed: -At the onset of every shift staff were to pull medications and complete a medication count and then document completion of that. -Staff also should have reviewed the MARs when they administered medications and reported errors in documentation. -She tried to review MARs twice per week. It was ultimately her responsibility. -She had missed the errors in August and September. -Specific to the Concerta, she indicated that her staff most likely recorded the mg as 72 because Client #1 took 2, 36mg tablets which would equal 72. -She indicated that she needed to be more diligent in her review of the MARs and would address with her staff.	V 118		