STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-026	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANJER HOUSE	260 OAK PARK DRIVE BREVARD, NC 28712

(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 and follow up survey was completed on 10/5/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 10/2/18 of fire and disaster drills revealed: -Drills were scheduled according to 3 shifts (7-3, 3-11, 11-7). -No documentation of disaster drills having been conducted on:	V 114		

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V 114	Continued From page 1 --3rd shift from July 2018 to September 2018. --1st shift from October 2017-December 2017. Interview on 10/2/18 with Client #1 and #2 revealed: -They participated in fire and disaster drills "all the time." Interview on 10/2/18 with the Residential Coordinator who was responsible for scheduling fire and disaster drills revealed: -She had scheduled monthly fire and disaster drills annually according to the 3 shift model because the facility had previously been cited. The facility had 1 live-in staff Monday - Friday and 1 live in staff for the weekends. -The disaster drills had been completed but not on the assigned shifts.	V 114		
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	V 118		

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V 118	Continued From page 2 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. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 1 of 3 sampled clients (Client #1). The findings are: Record review on 10/2/18 for Client #1 revealed: -Admission date of 11/2/98 with diagnoses of Mild Intellectual Disability, Hypertension, High Cholesterol and Sleep Apnea. -Physician order dated 2/20/18 for Losartan HCTZ 100-25mg (high blood pressure) once daily. Review on 10/2/18 of MARs for August-October 2018 revealed: -Losartan HCTZ 100-25mg initialed as administered daily from 8/1/18-10/2/18. -Monthly blood pressure recorded. -Lab report collected 7/6/18. Observation on 10/2/18 at approximately 11am	V 118		

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V 118	Continued From page 3 revealed: Bubble pack medication card for Client #1 dispensed on 9/13/18 for Losartan HCTZ 50-12.5mg. 3 tablets had been punched out. Review on 10/2/18 of pharmacy delivery sheets revealed: Client #1's medication of Losartan HCTZ 50-12.5mg delivered 6/26/18, checked and signed by Resident Manager. Client #1's medication of Losartan HCTZ 50-12.5mg delivered 7/30/18, checked and signed by Resident Manager. Client #1's medication of Losartan HCTZ 50-12.5mg delivered 8/24/18, checked and signed by Resident Manager. Client #1's medication of Losartan HCTZ 50-12.5mg delivered 9/24/18, checked and signed by Resident Manager. Interview on 10/2/18 with Resident Manager revealed: -He was the live in worker Monday-Friday for more than a year. -He received medication deliveries from the pharmacy in the evenings. -He checked the pharmacy delivery sheets against the medications delivered. -He was not aware of Client #1's medication had changed. Interview on 10/2/18 with the Residential Coordinator revealed: -She was responsible for taking the residents to all doctor appointments. -Client #1 had seen the doctor on 7/13/18 but his Losartan HCTZ had remained unchanged. -Because there was no change to this medication she was not expecting a difference and had not noticed it had changed.	V 118		

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V 118	Continued From page 4 -She called the pharmacy to find out why they sent the wrong dosage. Pharmacist first indicated they had an order without a date and then apologized for their mistake. -She had taken the recording of Client #1's monthly blood pressure checks to the doctor for his review. Interview on 10/5/18 with the prescribing physician revealed -He had not ordered the change for Client #1's Losartan HCTZ which had been prescribed to control high blood pressure. -He had reviewed the facility's documentation of monthly blood pressure checks. He stated "[Client #1] had marginally high blood pressure during the time his dose was lower but it was not excessive. Had Client #1 received the correct dose his blood pressure would have been more in the normal range." -He would not have expected significant problems from the reduced dosage. Interview on 10/5/18 with the Program Director revealed: -"We should have caught this." -"The Residential Manager and Residential Coordinator check in medications and review for errors. The Residential Manager had caught mistakes before." -"Client #1 had no doctor visit to have medication changes so they weren't looking for a change." -"We also had our Pharmacy Consultant review and reconcile meds, MARs and orders on 7/13/18. She did not even find this error." Review on 10/2/18 of Plan of Protection signed by the Program Director on 10/2/18 revealed: "Plan of Protection for Tanger House, Immediate	V 118		

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V 118	Continued From page 5 Plan of Protection Resident Manager/Residential Coordinator will reconcile each resident's medication and dosage to the current MAR and physician's order. Pharmacy has been contacted and will deliver the client's correct medication immediately to be available for his AM dose. Residential Coordinator will contact the physician to review the incident. Describe the plan to ensure the above happens: The Residential Coordinator and Residential Manager will complete this reconciliation on October 2, 2018. If medication does not arrive by 10pm, the pharmacy after hours hotline will be contacted by the Residential Coordinator. Program Director will review the reconciliation with Residential Coordinator on October 3, 2018." Client #1 was administered one half the dosage of a high blood pressure medication ordered by his physician. Medications were checked upon each pharmacy delivery by Residential Manager; checked by Residential Coordinator and pharmacy consultant and the error went undetected for 63 days. As a result of the facility not follow doctor's orders, a client with medical conditions was at risk of not receiving his medications as prescribed which was detrimental to their health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative	V 118		

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V 118	Continued From page 6 penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		