

## Division of Health Service Regulation

PRINTED: 10/05/2018  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-441</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 09/28/2018</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MURCHISON RESIDENTIAL****533 TEXANNA WAY  
HOLLY SPRINGS, NC 27540**

(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	<b>INITIAL COMMENTS</b>  An Annual and Follow-Up Survey was completed 09/28/18. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.	V 000		12-3-18
V 117	<b>27G .0209 (B) Medication Requirements</b>  <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (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.	V 117	This deficiency will be corrected by the following actions:  V117  A. Qualified Professional will in-service AFL provider on medication labeling the correct individuals and clear instruction on administering the medication. B. Qualified Professional will monitor monthly. C. AFL provider will monitor bi-weekly to ensure that all medication is labeled correctly with clear instruction on administering medications. <b>DHSR - Mental Health</b>  <b>OCT 19 2018</b>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Lic. &amp; Cert. Section

TITLE

(X6) DATE

STATE FORM

6800

OWUM11

If continuation sheet 1 of 6

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NAME OF PROVIDER OR SUPPLIER  <b>MURCHISON RESIDENTIAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>533 TEXANNA WAY</b> <b>HOLLY SPRINGS, NC 27540</b>	

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V 117	Continued From page 1  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure one of three client's (#2)'s medications were labeled. The finding is:  Review on 09/28/18 of client #2's record revealed: -Admitted: 12/01/05 -Diagnoses: Severe MR and Cerebral Palsy -July-September 2018 MAR reflected Falmina (also referred to as Larissa used for birth control) .1 mg 28 tablet one daily  Observation on 09/28/18 at approximately 9:30 AM of client #2's medications revealed: -Larissa on the bubble packet -No the client's name, the prescriber's name, dispense date, clear directions for administration, name- strength- quantity and expiration date of the prescribed drug and the name, address, phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center) and the name of the dispensing practitioner  During interview on 09/28/18, the Licensee reported: -The required information for labeling was on the medication box which she had discarded	V 117	Refer to page 1	12-3-18
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MURCHISON RESIDENTIAL**

**533 TEXANNA WAY  
HOLLY SPRINGS, NC 27540**

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V 118	<p>Continued From page 2</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> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medication on the written authorization of a physician for one of three clients (#2). The finding is:</p> <p>Review on 09/28/18 of client #2's record</p>	V 118	<p>This deficiency will be corrected by the following actions:</p> <p>V 118</p> <p>A. Qualified Professional will In-service AFL Provider when administering medication for prescription or non-prescription drug a physician order must be prescribe before medication can be given to individuals.</p> <p>B. AFL provider will monitor bi-weekly to ensure that all medication procedure is completed per the physician order.</p> <p>C. Clinical Supervisor will monitor on a monthly.</p>	12-3-18

Division of Health Service Regulation  
STATE FORM



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V 291	<p>Continued From page 4</p> <p>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 review and interview, the facility failed to coordinate services for one of three clients (#3). The finding is:</p> <p>Review on 09/28/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted: 09/02/17</li> <li>-Diagnosis: Down Syndrome</li> <li>-No evidence he had been seen at least annually by a physician, dentist or any medical based professional</li> </ul> <p>During interview on 09/28/18, the Licensee reported:</p> <ul style="list-style-type: none"> <li>-Verified client #3 had not been to any medical based appointments since his admission into her agency</li> <li>-She had spoken with client #3's Qualified Professional to follow up with the guardian</li> <li>-She did not have any documentation of the conversation</li> </ul>	V 291	<p>This deficiency will be corrected by the following actions:</p> <p>V291</p> <p>A. Qualified Professional will in-service AFL provider on annual medical appointments for individuals that reside in the home.</p> <p>B. Qualified Professional will monitor monthly.</p> <p>C. AFL provider will monitor monthly to ensure that individuals medical appointments are in compliance.</p>	12-3-18

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V 291	<p>Continued From page 5</p> <p>During interview on 09/28/18, client #3's Qualified Professional by another agency reported about client #3:</p> <ul style="list-style-type: none"> <li>-Was private pay not medicaid... guardian was his brother</li> <li>-Although he could not recall a specific date in the past, he had discussed doctor's appointments. Guardian did not want to take him for preventive measures opposed to when something was wrong.</li> <li>-On 09/28/18, he contacted the guardian and was assured an appointment would be scheduled for an annual examination.</li> </ul>	V 291	Refer to page 5	12-3-18	

Murchison Residential Corporation  
533 Texanna Way  
Holly Springs, NC 27540-1277

DHSR - Mental Health

OCT 19 2018

Lic. & Cert. Section

October 16, 2018

India Vaughn-Rhodes  
Facility Survey Consultant I  
Mental Health Licensure & Certification Section

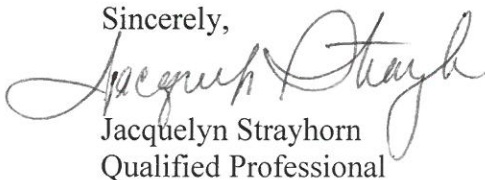
Re: Plan of Correction for Recertification Survey completed September 28, 2018  
Murchison Residential Corp, 533 Texanna Way Holly Springs, NC 27540.

Dear Mrs. Rhodes

Thank you for your time and feedback given during the survey you conducted on September 28, 2018. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve their lives.

Enclosed you will find the Plan of Correction. If you have any questions, please call me at (919) 410-4667.

Sincerely,



Jacquelyn Strayhorn  
Qualified Professional