

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/18/2018
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 KIMBALL DRIVE DURHAM, NC 27712
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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
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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on October 18, 2018. There were deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000		
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 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	V 118	<p style="font-size: 2em; text-align: center;">see page 2 of 4</p> <p style="text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">OCT 31 2018</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

OF Onwuka

TITLE

Director

(X6) DATE

10/30/18

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#4). The findings are:</p> <p>Review on 10/18/18 of Client # 4's record revealed: -Admission date of 12/5/13. -Diagnoses of Schizophrenia, Diabetes Mellitus Type 2, Schizoaffective Disorder, Mood Disorder, Disruptive Behavior Disorder and Severe Intellectual Disability. -Physician order dated 8/17/18 for Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily.</p> <p>Observation on 10/18/18 at 9:45 a.m. of Client #4's medication revealed the following was not available: -Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily</p> <p>Review on 10/18/18 of Client #4's MAR for October 2018 revealed blanks on the following dates: - October 15 - p.m. -October 16 - a.m. and p.m. -October 17- a.m. and p.m. -October 18 - a.m.</p> <p>Interview on 10/18/18 with the Pharmacist</p>	V 118	<p>The GP of House of Care, Inc. and staff will have an effective communication with the Physician and local Pharmacy with regards to clients refill orders.</p> <p>The Group Home staff will inform the GP when test strips are down to ten.</p> <p>The GP will encourage the Licensee to purchase over the</p>	
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V 118	Continued From page 2 revealed: -Client #4 had a physician order written for the test strips on 8/17/18. -The order written on 8/17/18 did not include refills. -She sent a fax for refills. -The 8/17/18 order was for 50 day supply. -Group home staff called the pharmacy several times for refills. -Pharmacy staff incorrectly told group home staff refills would be delivered. -Pharmacy staff was not aware there were no refills. -She was still waiting to hear back from the physician regarding refills. -She would provide over-the-counter test strips today. -She would continue to reach out to the physician's office. Interview on 10/18/18 with the Qualified Professional revealed: -Refill request made to pharmacy on 10/13/18. -She was informed refills would be delivered the next day. -When the refills were not delivered she contacted the pharmacy. -She and staff #1 had called the pharmacy several times regarding the refills. -Pharmacy staff never reported there were no refills. -She would have contacted the physician's office if she was aware there were no refills.	V 118	Counter Test strips for back up to avoid blanks in the MAR to ensure the safety and continuation of care.	
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be	V 736		

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V 738	<p>Continued From page 3</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 10/18/18 at 10:00 a.m. revealed: -There was dust and dirt on the ceiling fans in the bedrooms on the 2nd floor. -The front door screen door window was missing.</p> <p>Interview on 10/18/18 with the Qualified Professional revealed: -She would have staff and clients clean the fans in the bedroom.</p> <p>Interview on 10/18/18 with the Director revealed: -The screen door window was replaced before. -She would have the screen door removed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>House of Care, Inc. (Licensee) has instructed the house keeper to ensure that the fan in the upper bed room is kept dust free. Fans will be dusted weekly by staff or house keeper.</p> <p>The storm door leading to the front will be removed by the contractor.</p>	<p>ongoing</p> <p>11/8/18</p>

TX Result Report

P 1
 10/31/2018 11:47
 Serial No. A61E011019740
 TC: 128575

Addressee	Start Time	Time	Prints	Result	Note
9197333207	10-31 11:46	00:00:57	000/005	No Ans	FWD

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DP6:Page Separation TX, MIX:Mix of Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-Code, RTX:Re-TX, RLV:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length over, POUR:Receiving page over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

10-31-18 11:29 FROM-
 3500 Westgate Dr. Ste 103
 Durham, NC 27707
 919-493-6871 office
 919-493-6878 fax
 Houseofcare2@wmconnect.com

T-236 P0001/0005 F-048

Fax

To: Ms. Frances E. Hicks From: House of Care, Inc.
 Fax: 919-715-8078 Pages: 5
 Phone: 919-855-3795 Date: 10-31-18
 Re: _____ cc: _____

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

3500 Westgate Dr. Ste 103
Durham, NC 27707
919-493-6871 office
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Houseofcare2@wmconnect.com

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To: Ms. Frances E. Hicks From: House of Care, Inc.

Fax: 919-715-8078 Pages: 5

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Re: _____ cc: _____

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Comments:

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OCT 31 2018
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