

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/01/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>G &amp; T'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2671 IDLEBROOK CIRCLE MIDWAY PARK, NC 28544</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on November 1, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug regimen reviews for 3 of 3 audited clients (#1, #2, #3) who receive psychotropic drugs. The findings are:</p> <p>Review on 10/30/18 of client #1's record revealed: - 33 year old male admitted to the facility on 11/21/08. - Diagnoses included Mild Intellectual/Developmental Disability, Traumatic</p>	V 121		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 121	<p>Continued From page 1</p> <p>Brain Injury, Intermittent Explosive Disorder, Chronic/occasional infections/malfunction of shunt, and Oxacillin-resistant Staphylococcus aureus.</p> <ul style="list-style-type: none"> <li>- Physician's orders, signed 3/1/18, for Prozac (anti-depressant) 20 milligrams (mg) one tablet daily, and Zyprexa (anti-psychotic) 20 mg one tablet at bedtime.</li> <li>- Drug regimen review completed 12/14/17 and signed by a pharmacist.</li> <li>- No documentation of subsequent drug regimen reviews.</li> </ul> <p>Review on 10/30/18 of client #1's Medication Administration Records (MARs) for the months of August, September, and October 2018 revealed transcriptions for Prozac and Zyprexa, with staff initials to indicate administration of the medications as ordered.</p> <p>Review on 10/30/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 29 year old male admitted to the facility 3/25/09.</li> <li>- Diagnoses included Mild Intellectual/Developmental Disability, Psychotic Disorder, not otherwise specified, Autistic Disorder, Generalized Anxiety Disorder, and Intermittent Explosive Disorder.</li> <li>- Physician's orders, signed 8/8/18, for Depakote (used to treat seizure disorder and manic episodes of Bipolar Disorder) 500 mg 3 tablets at bedtime, Haldol (anti-psychotic) 10 mg one tablet at bedtime, Lamictal (used to treat seizure disorder and bipolar disorder) 150 mg one tablet twice daily, and Seroquel (anti-psychotic) 400 mg ½ tablet every morning and 1 ½ tablets at bedtime.</li> <li>- Drug regimen review completed 12/14/17 and signed by a pharmacist.</li> <li>- No documentation of subsequent drug regimen</li> </ul>	V 121		

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V 121	<p>Continued From page 2</p> <p>reviews.</p> <p>Review on 10/30/18 of client #2's MARs for the months of August, September, and October 2018 revealed transcriptions for Depakote, Haldol, Lamictal, and Seroquel with staff initials to indicate administration of the medications as ordered.</p> <p>Review on 10/30/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 34 year old male admitted to the facility 6/12/12.</li> <li>- Diagnoses included Severe Intellectual/Developmental Disability, Dravet Syndrome, severe Epilepsy and history of neurosurgery (commissurotomy), Osteoporosis, Hypergonadism, and Asthma.</li> <li>- Physician's orders for Ativan (treats seizures) 2 mg/milliliter (ml), place .5 ml between cheek and gums as needed per seizure protocol, order signed 1/12/18, Risperdal (anti-psychotic) .25 mg one tablet every morning, order signed 10/19/18.</li> <li>- Drug regimen review completed 12/14/17 and signed by a pharmacist.</li> <li>- No documentation of subsequent drug regimen reviews.</li> </ul> <p>Review on 10/30/18 of client #3's MAR's for August, September and October 2018 revealed transcriptions for Ativan and Risperdal with staff initials to indicate administration of the Risperdal as ordered. Ativan, to be given as needed, had not been administered.</p> <p>During interview on 10/30/18 the Qualified Professional stated the provider changed pharmacies at the beginning of the year and the drug regimen reviews had not been done since December. She would request the new pharmacy to conduct drug regimen reviews every</p>	V 121		

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V 121	Continued From page 3 six months as required.	V 121		