

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-974 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/02/2018 |
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| NAME OF PROVIDER OR SUPPLIER ANGEL | STREET ADDRESS, CITY, STATE, ZIP CODE 2430 UMAR COURT CHARLOTTE, NC 28215 |
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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 |
|--------------------|--|---------------|---|--------------------|
| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on November 2, 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 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</p> | V 118 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 118 | <p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to administer medications as ordered by the physician affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 11/1/18 of client #1's record revealed: -Admission date of 4/1/17 with diagnoses of Severe Intellectual Developmental Disability and Expressive Language Disorder; -Physician orders signed and dated 6/14/18, 8/1/18 and an E-Script order dated 7/30/18 for Polyethylene Glycol 3350 Powder/ Miralax with instructions to Mix 1 capful (17mg) with 8oz of water and drink by mouth daily; -On 5/29/18 facility staff signed and dated the Facility's "Medication Education Sign-Off...Client #1...Polyethylene Glycol 3350 Orders: Mix 1 capful (17gm) with 8oz water & drink by mouth once daily. By signing below, I acknowledge that I have read and understand the attached Patient Information Leaflet for the above named medication..." -6/1/18 through 8/22/18 MAR's documented client #1 was administered Miralax every other day; -8/23/18 through the month of November 2018 MARs documented Miralax being administered daily.</p> <p>Observation on 11/1/18 of client #1's Miralax bottle revealed the label documented daily administration.</p> <p>Interview on 11/1/18 with the Home Manager</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Staff took client #1 to the doctor to have her FL-2 updated and the doctor changed the order for Miralax without verbally informing the staff but instead sent the new order to the pharmacy electronically; -On 8/23/18 the pharmacy sent the facility an E-script and she immediately made staff aware of the Miralax change from three times a day to daily. <p>Interview on 11/2/18 with the acting Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Staff had been retrained in Medication Administration. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118 | | |