

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-472 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/20/2018 |
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| NAME OF PROVIDER OR SUPPLIER RES SUPPORT SVCS OF WAKE CO-MILLBROOK | STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST MILLBROOK ROAD RALEIGH, NC 27609 |
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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 survey was completed on 11/20/18. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5000C 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 with a physician.</p> | V 118 | | |

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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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications administered shall be recorded immediately after administration for one of three audited clients (#5). The findings are:</p> <p>Review on 11/16/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted on 6/16/14 - diagnoses of Moderate Intellectual Developmental Disability and Seizure Disorder - a FL2 dated 6/28/18: Vimpat 100mg 2 by mouth (PO) bedtime (can treat partial seizures); QC fiber 2 PO bedtime and Onfi 10mg 2 twice day (indicated for the adjunctive treatment of seizures) <p>Review on 11/16/18 of client #5's November 2018 MAR revealed:</p> <ul style="list-style-type: none"> - at 12:47pm the bedtime medications had already been initialed <p>During interview on 11/16/18 staff #1 reported:</p> <ul style="list-style-type: none"> - she mistakenly initialed the bedtime medications - she normally initialed the MAR after the medication was administered | V 118 | | |