Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL032-266	B. WING		11/2	7/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CAMBIAN PLACE GROUP HOME  23 CAMBIAN PLACE  DURHAM, NC 27704						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	27, 2018. Deficience This facility is licens category: 10A NCA	ras completed on November ies were cited. sed for the following service C 27G. 5600C Supervised h Developmental Disabilities.				
V 119	· ·	ication Requirements	V 119			
	medication shall be guards against dive (2) Non-controlled so of by incineration, fl system, or by transidestruction. A recorshall be maintained Documentation shamedication name, so date and method, the disposing of medication medication of	osal: and non-prescription disposed of in a manner that ersion or accidental ingestion. Substances shall be disposed ushing into septic or sewer fer to a local pharmacy for d of the medication disposal by the program. Il specify the client's name, strength, quantity, disposal ne signature of the person ation, and the person ion. tances shall be disposed of in e North Carolina Controlled S. 90, Article 5, including any				

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

(X6) DATE TITLE

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		MHL032-266	B. WING		11/2	27/2018
	PROVIDER OR SUPPLIER  N PLACE GROUP HO	MF 23 CAMB	DDRESS, CITY, SIAN PLACE	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 119	Continued From pa	ge 1	V 119			
	interviews the facility prescription medical against diversion on one of three audited.  Review on 11/15/18 -Admission date of -Diagnoses of Moding Depression, Type III Hypertension, Aner AtrophyPhysician's order of Insulin FlexPen 100 scale)The October and N	on, record review and by staff failed to dispose of ations in a manner that guards accidental ingestion affecting d clients (#1). The findings are: B of client #1's record revealed:				
	PM of the medication -The medication boo Novolog Insulin Fle FlexPens had expir FlexPens had expir -The label on the bodispense date of 4/4/22/18There was no Nov #1 to use that had received in the property of the proper	x for client #1 had five xPens. Three of the insulin ed on 8/1/18 and two of the ed on 1/2018. ox of insulin FlexPens had a 22/17 and discard date of client				
	logs revealed: *November 2018-cl on the following dat -11/7-212 and 353 -11/8-271	ient #1's blood sugar was high es:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	E CONSTRUCTION	(X3) DATE	SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL032-266	B. WING		11/2	7/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•		
	23 CAMBIAN PLACE						
CAMBIA	N PLACE GROUP HO	MF	NC 27704				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE	
TAG	REGULATORT OR L	3C IDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	FRIAIE	DAIL	
V 119	Continued From pa	ge 2	V 119				
V 113	-	ge 2	V 119				
	-11/9-290 and 482						
	-11/11-226						
	-11/14-558	ugar roadings for the month of					
		ugar readings for the month of between 86 and 558.					
		nt #1's blood sugar was high					
	on the following dat						
	-10/3-594						
	-10/5-258						
	-10/12-203						
	-10/14-260						
	-10/17-290						
	-10/19-392						
	-10/21-442 -10/26-298						
	-10/31-320						
		igar readings for the month of					
	October ranged bet						
	Interview with elient	: #1 on 11/27/18 revealed:					
	<ul><li>-She took the Novolog insulin on a daily basis.</li><li>-She did her own insulin injections each day.</li><li>-Staff would normally dial the insulin pen to the</li></ul>						
	appropriate amount						
	Interview with staff	#1 on 11/15/18 and 11/16/18					
	revealed:						
		II Diabetes and checked her					
	blood sugar daily.						
		ovolog insulin FlexPen.					
		pen for the appropriate					
	amount of insulin fo						
		her own insulin injections.					
	expired in August of	g the insulin FlexPen that					
		e the insulin FlexPen had					
	expired in August 2						
	-Client #1 had several high blood sugar reading						
	within the last two n						
		facility staff failed to ensure					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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CAMBIA	N PLACE GROUP HO	MF	IAN PLACE			
	T		, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 119	Continued From pa	ge 3	V 119			
	medications were d	isposed of in a manner that rsion or accidental ingestion.				
	revealed: -Client #1 did her or -Staff would set the amount of insulin fo -They did not realize FlexPens had expir -She confirmed the medications were d guards against dive  Review on 11/27/18 written by the Assist revealed: What will you imme	e the Novolog insulin				
	further risk or additi been trained at hire Administration, included in this train actions that will follo followed, up yo and employment. To ensonsumers using in expired insulin, it has	onal harm?: "All staff has and annually on Medication uding the use of insulin pens. ning are the disciplinary ow if these policies are not including termination of sure the safety of the sulin and to avoid the use of as been added to the bottom administration Record to check				
	expiration dates bet and the expired inst active pens. We wil managers] attend tr Nurse] on the prope and to discuss the i the expiration dates make sure the abov Administration Reco	fore administration Record to check fore administering the insulin ulin has been replaced with I also have two [home raining with [the Registered er use and storage of insulin mportance of always checking s." Describe your plans to be happens. "The Medication ord has directions on the dicheck the expiration date againsulin. New insulin pens				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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CAMBIA	N PLACE GROUP HO	IME	AN PLACE NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 119	were purchased on pens disposed of. No instructions on proposition which includes info quick reference if not at Cambian Place a re-training with [the to review the use at Client #1 had a diagwas prescribed Nordirected/sliding scatter FlexPen that was be expired August 201 sugars 14 days in Cranged between 201 aware of the Novolon 8/1/18. There we for client #1 to use violation constitutes detrimental to healt of the violation is not administrative pens	a 11/15/18 and the expired We have put in the home per use and storage of insulin, rmation on expiration dates for needed. [The Home Managers] are scheduled to attend a Registered Nurse] on 12/4/18 and storage of insulin."  gnosis of Type II Diabetes and volog Insulin 100 u/ml use as alle. The Novolog Insulin peing administered to client #1 8. Client #1 had high blood Doctober and November that all 3 and 594. Staff were not log insulin FlexPens expiring as no Novolog insulin available that had not expired. This is a Type B violation which is the corrected within 45 days, alty of \$200.00 per day will be lay the facility is out of	V 119			

6899

Division of Health Service Regulation STATE FORM

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