

PRINTED: 12/03/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/29/2018
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NAME OF PROVIDER OR SUPPLIER DEVEREUX RESIDENTIAL SERVICES KINCAID	STREET ADDRESS, CITY, STATE, ZIP CODE 5 KINCAID COURT DURHAM, NC 27703
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V 000

INITIAL COMMENTS

An annual, complaint and follow up survey was completed on 11/29/18. The complaint was unsubstantiated (intake #NCD0144977). Deficiencies were 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

RECEIVED
By DHSR-Mental Health Licensure at 10:07 am, Dec 10, 2018

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>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to keep the MAR current affecting one of two clients (#2) and failed to follow the physician's order affecting one of two clients (#1). The findings are:</p> <p>1. The following is evidence the facility failed to keep the MAR current.</p> <p>Review on 11/27/18 of client # 2's record revealed: -Admission date of 3/27/11. -Diagnoses of Autism, Moderate Mental Retardation, Attention Deficit Hyperactivity Disorder and Pica. -Physician's order dated 3/15/18 for Divalproex Sodium DR 500 mg, one tablet at bedtime and Quetiapine ER 300 mg, one tablet at bedtime. -Physician's order dated 12/27/17 for Trazodone HCL 150 mg, one tablet at bedtime. -The November 2018 MAR had blank boxes on 11/4 for Divalproex Sodium DR 500 mg, Quetiapine ER 300 mg and Trazodone HCL 150 mg.</p> <p>Interview with the Administrator on 11/27/18 revealed: -She thought staff possibly forgot to sign off on client #2's November 2018 MAR. -There were no issues with client #2 getting his prescribed medications. -She confirmed staff failed to keep the MAR</p>	V 118		

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V 118	<p>Continued From page 2 current for client #2.</p> <p>2. The following is evidence the facility failed to follow the physician's order.</p> <p>Review on 11/27/18 of client # 1's record revealed: -Admission date of 8/18/18. -Diagnoses of Autism Spectrum Disorder, Seizure Disorder, Obsessive Compulsive Disorder and Pica. -Physician's order dated 9/28/18 for Nutrisource Fiber Powder, mix one packet with eight ounces of water three times daily. -The November 2018 MAR had the following: 11/1, 11/3 and 11/5 had a "d" to indicate medication not given. 11/2 and 11/4 were blank.</p> <p>Interview with the Administrator on 11/27/18 revealed: -Client #1 did not get the Nutrisource Fiber Powder at the beginning of November 2018. -The Nutrisource Fiber Powder was not available. -She thought client #1 was without the Nutrisource Fiber Powder for about 4-5 days. -Staff #1 informed her about the Nutrisource Fiber Powder too late. -The pharmacy had to get an authorization from the physician before the medication could be filled. -She confirmed staff failed to follow the physician's order for client #1.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 11/27/18 at approximately 12:15 PM of the facility revealed the following issues: -Den area-Two cracks in the wall approximately two feet long. Two other cracks in wall near front door were approximately one foot long. -Bathroom #1-Crack in cabinet door approximately one and one half feet long, shower area had brownish stains, shower head was loose and there was dirt debris on the walls. -Hallway-Brownish water stains on the wall near hot water heater. -Client #2's bedroom-Broken blinds. -Client #1's bedroom-Bedroom door was cracked and stained and there were approximately ten to twelve areas of peeling paint. -Bathroom #2-Paint was peeling from the wall in two separate areas.</p> <p>Interview with staff #1 on 11/27/18 revealed: -He thought clients' #1 and #2 were responsible for some of the issues with the home. -Clients' #1 and #2 were responsible for some of the cracks in the walls. -Client #1 had picked the paint off the wall in his bedroom and bathroom. -He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Interview with the Administrator on 11/27/18</p>	V 736		

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V 736	Continued From page 4 revealed: -She was aware of some of the issues with the group home. -Clients' #1 and #2 were responsible for some of the property damage. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
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FAX COVER SHEET

TO	SusanMcMickie
COMPANY	DHSR
FAX NUMBER	19197158078
FROM	Jennifer Williams
DATE	2018-12-09 14:32:10 GMT
RE	Plan of Correction - DevereuxResidentialServices, LLC

COVER MESSAGE

Ms McMickie,

Please find the following Plan of Correction for Devereux Residential Services, LLC. (5 pages)

Please contact us if you have any questions.
919-672-8150

Thank you,
Jennifer Williams