

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023</b>
---	---

(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 12/5/18. 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 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p>	V 119		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023</b>
---	---

(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 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure all expired medication were disposed of in a manner that guards against diversion or accidental ingestion affecting 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Finding #1: Review on 12/5/18 of client #1's record revealed: -admission date of 7/1/07 with diagnosis of Intellectual Disability Disorder Mild, Oppositional Defiant Disorder, Autistic Disorder, Hypertension and Seasonal Allergies; -physicians' orders dated 10/30/18 for the following medications: Ibuprofen 200mg one three times a week and Mucinex 1200mg one every 12 hours as needed.</p> <p>Observation on 12/5/18 at 3:22pm of client #1's medications on site revealed: -Ibuprofen 200mg one three times a week had two labels, one on top from pharmacy #1 dispensed 6/6/17 with expiration date 6/6/18, underneath a second label from pharmacy #2 with a dispense date of 5/27/16, a manufacturer's expiration date of 10/2017; -Mucinex 1200mg one every 12 hours as needed had two labels, one on top from pharmacy #1 dispensed 3/30/17 with expiration date 3/30/18, underneath a second label from pharmacy #2 with a dispense date of 5/27/16, a manufacturer's expiration date of 10/2017.</p> <p>Review on 12/5/18 of client #1's MARS from 10/2018-12/2018 revealed the following: -Ibuprofen 200mg one three times a week not administered;</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023</b>
---	---

(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 119	<p>Continued From page 2</p> <p>-Mucinex 1200mg one every 12 hours as needed not administered.</p> <p>Finding #2: Review on 12/5/18 of client #2's record revealed: -admission date of 7/1/07 with diagnosis of Intellectual Disability Disorder Moderate, Attention Deficit Disorder, Speech Impairment, Hyperlipidemia, Asthma, Vitamin D Deficiency and Allergic Rhinitis; -physician's order dated 2/19/18 for the following medication: Ventolin HFA 90 mcg inhale 2 puffs every 4-6 hours as needed.</p> <p>Observation on 12/5/18 at 3:40pm of client #2's medications on site revealed: -Ventolin HFA 90 mcg inhale 2 puffs every 4-6 hours as needed had two labels, one on top from pharmacy #1 dispensed 1/5/17 with expiration date 1/5/18, underneath a second label from pharmacy #2 unable to read, a manufacturer's expiration date of 9/2017.</p> <p>Review on 12/5/18 of client #2's MARS from 10/2018-12/2018 revealed Ventolin HFA 90 mcg inhale 2 puffs every 4-6 hours as needed not administered.</p> <p>Finding #3: Review on 12/5/18 of client #3's record revealed: -admission date of 6/1/14 with diagnosis of Intellectual Disability Disorder Mild, Major Depression Disorder, Hypercholesterolemia, Hypertension, Leukopenia, Onychonyosis, Vitamin D Deficiency, Kidney Stones and Gastritis Colitis; -physician's order dated 8/22/18 for the following medication: Desitin 13% apply twice daily as needed.</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023</b>
---	---

(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 119	<p>Continued From page 3</p> <p>Observation on 12/5/18 at 3:31pm of client #3's medications on site revealed: -Desitin 13% apply twice daily as needed had two labels, one on top from pharmacy #2 with expiration date 6/6/17, underneath a second label also from pharmacy #2 with expiration date of 8/16/17, a manufacturer's expiration date of 4/2017.</p> <p>Review on 12/5/18 of client #3's MARS from 10/2018-12/2018 revealed the following: -Desitin 13% apply twice daily as needed not administered.</p> <p>Interview on 12/5/18 with the Group Home Manager revealed: -not aware of why two labels on the medications; -been on her job about a year; -the as needed medications have not been used; -client #2 has a new inhaler which is current and not expired.</p> <p>Interview on 12/5/18 with the Administrative Assistant revealed: -changed pharmacies from #2 to #1 over a year ago; -pharmacy #1 sent labels for all as needed medications for staff to put over labels from pharmacy #2; -nobody caught the expiration dates on the as needed medications.</p>	V 119		