

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMBIAN PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 23 CAMBIAN PLACE DURHAM, NC 27704
---	---

(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 November 27, 2018. Deficiencies were 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. 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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">DEC 11 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p style="text-align: center;"><i>see attached</i></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Karyn Staeckel

TITLE

Assistant Director

(X6) DATE

12/5/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMBIAN PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 23 CAMBIAN PLACE DURHAM, NC 27704
---	---

(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 observation, record review and interviews the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three audited clients (#1). The findings are:</p> <p>Review on 11/15/18 of client #1's record revealed: -Admission date of 4/1/89. -Diagnoses of Moderate Mental Retardation, Depression, Type II Diabetes, Glaucoma, Hypertension, Anemia, Sepsis and Right Hip Atrophy. -Physician's order dated 10/8/18 for Novolog Insulin FlexPen 100 U/ml, use as directed (sliding scale). -The October and November 2018 MAR's revealed staff had administered the Novolog Insulin to client #1.</p> <p>Observation on 11/15/18 at approximately 2:10 PM of the medication area revealed: -The medication box for client #1 had five Novolog Insulin FlexPens. Three of the insulin FlexPens had expired on 8/1/18 and two of the FlexPens had expired on 1/2018. -The label on the box of insulin FlexPens had a dispense date of 4/22/17 and discard date of 4/22/18. -There was no Novolog insulin available for client #1 to use that had not expired.</p> <p>Review on 11/15/18 of client #1's blood sugar logs revealed: *November 2018-client #1's blood sugar was high on the following dates: -11/7-212 and 353 -11/8-271</p>	V 119		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMBIAN PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 23 CAMBIAN PLACE DURHAM, NC 27704
---	---

(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> <ul style="list-style-type: none"> -11/9-290 and 482 -11/11-226 -11/14-558 -Client #1's blood sugar readings for the month of November ranged between 86 and 558. *October 2018-client #1's blood sugar was high on the following dates: <ul style="list-style-type: none"> -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 Client #1's blood sugar readings for the month of October ranged between 90 and 594. <p>Interview with client #1 on 11/27/18 revealed:</p> <ul style="list-style-type: none"> -She took the Novolog insulin on a daily basis. -She did her own insulin injections each day. -Staff would normally dial the insulin pen to the appropriate amount of insulin for her. <p>Interview with staff #1 on 11/15/18 and 11/16/18 revealed:</p> <ul style="list-style-type: none"> -Client #1 had Type II Diabetes and checked her blood sugar daily. -Client #1 used a Novolog insulin FlexPen. -Staff would set the pen for the appropriate amount of insulin for client #1. -Client #1 would do her own insulin injections. -Client #1 was using the insulin FlexPen that expired in August of 2018. -Staff did not realize the insulin FlexPen had expired in August 2018. -Client #1 had several high blood sugar reading within the last two months. -She confirmed the facility staff failed to ensure 	V 119		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMBIAN PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 23 CAMBIAN PLACE DURHAM, NC 27704
---	---

(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>medications were disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>Interview on 11/15/18 with the Assistant Director revealed: -Client #1 did her own insulin injections. -Staff would set the FlexPen for the appropriate amount of insulin for client #1. -They did not realize the Novolog insulin FlexPens had expired for client #1. -She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>Review on 11/27/18 of a Plan of Protection written by the Assistant Director dated 11/27/18 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?: "All staff has been trained at hire and annually on Medication Administration, including the use of insulin pens. Included in this training are the disciplinary actions that will follow if these policies are not followed, up yo and including termination of employment. To ensure the safety of the consumers using insulin and to avoid the use of expired insulin, it has been added to the bottom of The Medication Administration Record to check expiration dates before administering the insulin and the expired insulin has been replaced with active pens. We will also have two [home managers] attend training with [the Registered Nurse] on the proper use and storage of insulin and to discuss the importance of always checking the expiration dates." Describe your plans to make sure the above happens. "The Medication Administration Record has directions on the bottom of the record check the expiration date prior to administering insulin. New insulin pens</p>	V 119		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER CAMBIAN PLACE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 23 CAMBIAN PLACE DURHAM, NC 27704		
(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	Continued From page 4 were purchased on 11/15/18 and the expired pens disposed of. We have put in the home instructions on proper use and storage of insulin, which includes information on expiration dates for quick reference if needed. [The Home Managers] at Cambian Place are scheduled to attend re-training with [the Registered Nurse] on 12/4/18 to review the use and storage of insulin." Client #1 had a diagnosis of Type II Diabetes and was prescribed Novolog Insulin 100 u/ml use as directed/sliding scale. The Novolog Insulin FlexPen that was being administered to client #1 expired August 2018. Client #1 had high blood sugars 14 days in October and November that ranged between 203 and 594. Staff were not aware of the Novolog insulin FlexPens expiring on 8/1/18. There was no Novolog insulin available for client #1 to use that had not expired. This violation constitutes a Type B violation which is detrimental to health, safety or welfare of clients. If the violation is not corrected within 45 days, administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 119			

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Cambian Place Group Home
MHL # 032-266

Plan of Correction to Survey Completed December 5, 2018

10A BN AC 27G 0209 medication requirement:

To Correct the Deficiency: All staff has been trained at hire and annually on Medication Administration, including the use of insulin pens. Included in this training are the disciplinary actions that will follow if these policies are not followed, up to and including termination of employment.

The expired insulin pens were disposed of and new insulin pens were purchased on 11/15/2018.

To Prevent the Deficiency from Occurring Again: We have added instructions on the bottom of the Medication Administration Record to check the expiration date prior to administering insulin. The home manager staff at Cambian Place have attended a re-training with DCCLP contract R.N./M.S.N. on 11/28/2018 and reviewed the use and storage of insulin and the importance of disposing of expired insulin. We have posted in the home instructions on proper use and storage of insulin, which includes information on expiration dates, for quick reference if needed.

Who will Monitor: The Home Manager monitors daily and the Division Director has primary responsibility for the homes they supervise and the employees working in that home. The Division Director reviews the Medication Administration Records monthly and the R.N. reviews all records and medications used in the home for all residents on a quarterly basis.

How Often the Monitoring will Take Place: The monitoring takes place monthly by the Managers, Division Director and quarterly by the R.N. Managers will check the expiration dates monthly.

Karyn Stoeckl, BSW, QDDP
Assistant Director
December 5, 2018

