

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 12/12/2018 |
| NAME OF PROVIDER OR SUPPLIER NANTUCKET | | STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540 | | |
| (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 | INITIAL COMMENTS An annual and follow up survey was completed on December 12, 2018. A deficiency was 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 file followed up by appointment or consultation with a physician. | 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 reviews, observations, and interviews, the facility failed to administer medications as ordered, to keep MARs current, and ensure medications administered were recorded on each client's MAR immediately after administration affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 12/11/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 79 year old female admitted to the facility 9/19/18. - Diagnoses included Severe Intellectual/Developmental Disability, Autism Spectrum Disorder, Heart Disease, Hypertension, Melanoma, Mixed Hyperlipidemia, Hypothyroidism, and Esophagitis. - Physician's orders dated 10/16/18 for Voltaren Gel 1% (used to treat pain of osteoarthritis of joints), apply four times daily as needed, and mupirocin 2% (used to treat skin infections), apply three times daily. - Signed physician's orders dated 10/26/18 to discontinue mupirocin 2% and dated 10/16/18 to discontinue polyethylene glycol (a laxative). <p>Review on 12/11/18 of client #1's MARs for October - December 2018 revealed:</p> <ul style="list-style-type: none"> - Handwritten transcription on October MAR and printed transcriptions on December MARs for Voltaren Gel to be applied four times daily. - Staff initials on the December MAR indicated Voltaren Gel had been applied four times daily. - Two transcriptions for Voltaren Gel on the November MAR, one indicated the medication | V 118 | | | |

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| V 118 | <p>Continued From page 2</p> <p>was to be applied four times a day as needed, the other indicated it was to be applied four times a day.</p> <ul style="list-style-type: none"> - Transcription on the December MAR for mupirocin to be applied three times daily with "discontinue" hand written on the MAR. Staff initials indicated mupirocin had been applied three times daily 12/1/18 - 12/3/18. - Transcription for polyethylene glycol on the October MAR with a line drawn through the transcription to indicate the medication was discontinued. - Transcriptions for polyethylene glycol on the November and December MARs. <p>Observation on 12/11/18 at approximately 12:25 pm of client #1's medications revealed Voltaren Gel 1% apply four times a day as needed, no mupirocin.</p> <p>Review on 12/11/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 51 year old female admitted to the facility 2/1/18. - Diagnoses included Severe Intellectual/Developmental Disability Cerebral Palsy, Anxiety Disorder, Major Depression and Seizure Disorder. - Physician's order dated 11/26/18 to discontinue MetroCream 3% (topical antibiotic sometimes used to treat redness caused by rosacea) apply 2-3 grams to affected area four times daily, begin MetroCream .75% apply to affected areas on face twice daily as needed. - Physician's order dated 10/24/17 for Cetaphil (cleanser for sensitive skin) cleanse face twice daily; no order to discontinue use of Cetaphil. - Physician's order dated 10/23/18 for Voltaren Gel 1% apply 2-3 grams to affected area 3-4 times daily for a maximum of 32 grams per day, total. | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>Review on 12/11/18 of client #2's MARs for October - December 2018 revealed:</p> <ul style="list-style-type: none"> - Transcription on the November MAR for MetroCream 3% to be applied to affected areas four times daily. - Transcription on the December MAR for MetroCream .75% to be applied to affected areas twice daily. - Blank spaces on the November MAR indicated 5 doses of MetroCream were not applied as ordered. - Transcription on the November MAR for Cetaphil with "discontinued 11/26/18" handwritten. - Transcription on the December MAR for Cetaphil, cleanse face twice daily; staff initials indicated Cetaphil was used twice daily. - Transcription on the November MAR for Voltaren Gel 3% to be applied four times daily. - Transcription on the December MAR for Voltaren Gel 1% to be applied four times daily. - Blank spaces on the November MAR indicated 6 doses of Voltaren Gel were not applied as ordered. <p>Observation on 12/11/18 at approximately 11:10 am of client #2's medications revealed:</p> <ul style="list-style-type: none"> - A tube of MetroCream .75%, the pharmacy label was faded and worn and was unreadable. - A tube of MetroCream 3%, apply 2-3 grams to affected area four times daily, dispensed 6/28/18. - A tube of Voltaren Gel 3%, apply four times daily. - A tube of Voltaren Gel 1% apply 2-3 grams to affected area 3-4 times daily, dispensed 10/24/18. <p>Review on 12/11/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 51 year old female admitted to the facility 9/19/18. - Diagnoses included Profound | V 118 | | | |

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| V 118 | <p>Continued From page 4</p> <p>Intellectual/Developmental Disability, Cerebral Palsy, and Spastic Paraplegia.</p> <ul style="list-style-type: none"> - Physician's order, signed 10/16/18, for mupirocin 2%, apply to affected areas three times daily. - No physician's order to discontinue mupirocin. <p>Review on 12/11/18 of client #3's MARs for October - December 2018 revealed:</p> <ul style="list-style-type: none"> - Transcription on the October MAR for mupirocin with hand drawn "X" over the printed transcription to indicate the medication was discontinued and should not be administered. - Transcription on the November MAR for mupirocin; blank spaces indicated the medication was not applied 11/1/18 - 11/6/1; was applied only once per day 11/7/18 - 11/9/18, and was not applied 11/10/18 - 11/30/18. - Transcription on the December MAR for mupirocin with "discontinued" handwritten; staff initials indicated the medication was applied three times daily 12/1/18 - 12/3/18; a line was hand drawn across the remainder of the dates. <p>Observation on 12/11/18 at approximately 2:30 pm of client #3's medications revealed a supply of mupirocin 2% ointment, apply to affected areas three times daily, dispensed 11/3/18.</p> <p>During interview on 12/11/18 the Program Manager stated she had been out on medical leave recently. One of her responsibilities was to ensure the accuracy of the MARs and to make changes as appropriate. Medication changes were communicated with staff verbally and in writing. She understood the importance and requirement for MARs to be current. She was unable to find missing orders to discontinue the topical medications in question. Client #2 should have Voltaren Gel 1% applied. She was not sure</p> | V 118 | | |

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| V 118 | <p>Continued From page 5</p> <p>why client #2's Voltaren Gel 3% and MetroCream 3% and client #3's mupirocin were available for use. She would make sure they were returned to the pharmacy for disposal. She was not sure why some medication administrations were not documented on the MARs. She would request clarification of physician's orders and would get copies of the orders to discontinue medications.</p> <p>Interview on 12/11/18 the Vice President stated clients #1 and #3 home facility had sustained damage during a recent hurricane. They would be returning to their home facility in the next couple of months. The Program Manager was supposed to be on medical leave. She would make sure staff were re-trained regarding appropriate documentation of medication administration. She would make sure staff understood the need to keep MARs current.</p> | V 118 | | | |