

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/11/2018
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE HOMES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 10 HOLLY RIDGE DRIVE ASHEVILLE, NC 28803		
(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 survey was completed on October 11, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.	V 000	The following steps will be taken to correct the medication Requirements deficiency.	10/29/18
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	V 118	1) All AFL staff will be trained on Medication Administration Record Documentation. 2) MARs will be reviewed monthly for any med changes. A) Med changes will be noted on the MAR. B) Doctors orders will be reviewed to make sure they are accurate. 3) QP will communicate with Pharmacy to make sure D/C meds are removed from the new MAR. 4) All medication changes have been corrected with the physicians and	10/29/18

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

8899

30Q211

If continuation sheet 1 of 4

DHSR - Mental Health

DEC 18 2018

Lic. & Cert. Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/11/2018
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE HOMES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 10 HOLLY RIDGE DRIVE ASHEVILLE, NC 28803			
(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 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications were administered as ordered and failed to ensure MARs were current for 1 of 2 clients (#1). The findings are:</p> <p>Record review on 10/8/18 for Client #1 revealed: -Admitted on 7/2/02 with diagnoses of Autism, Severe Mental Retardation, seizure disorder, and allergies. -Physician's order dated 9/17/18 for Tacrolimus ointment .1%, apply twice daily. -Physician's order dated 7/13/18 for Ketoconazole 2% shampoo, use three times per week. -Physician's order dated 8/13/18 for Keflex 500mg, 1 three times daily for 10 days.</p> <p>Review on 10/8/18 of the MARs dated 8/2018-10/2018 for Client #1 revealed: -The PM application of the Tacrolimus ointment was not documented as administered during September. -The Tacrolimus ointment not documented as administered on 10/6/18 and 10/7/18. -The Ketoconazole shampoo was not documented as administered on the MARs for 8/2018-10/2018. -Keflex administration was documented twice daily from 8/14/18-8/31/18.</p> <p>Client #1 was non-verbal and could not be interviewed due to her disability.</p> <p>Interview on 10/8/18 with the staff at the local day</p>	V 118	<p>pharmacy to reflect correct dosages</p>	10/29/18	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/11/2018
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE HOMES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10 HOLLY RIDGE DRIVE ASHEVILLE, NC 28803		
(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 118	<p>Continued From page 2</p> <p>treatment program where Client #1 attended revealed:</p> <ul style="list-style-type: none"> -Client #1 was now involved in community networking twice weekly. -Client #1 had attended the day program for a long time. -Client #1 always came to the program well groomed and clean. -There were no concerns regarding her care. <p>Interviews on 10/8/18 and 10/11/18 with the AFL Providers revealed:</p> <ul style="list-style-type: none"> -The Keflex was given to Client #1 when she was scratching a lot due to eczema. She indicated that the doctor ordered it as a precautionary measure to prevent any infection. Client #1 never developed an infection. -She stated that the Keflex was documented incorrectly and given before her day program, when she got home and then at night. -The ketoconazole shampoo is the only shampoo she used for Client #1. She used it 1 time per week and it worked well for Client #1. She did not need to use it 3 times weekly but had failed to have the order changed with the physician. -There had been many changes with the creams used for Client #1 which most likely led to the errors in documentation. -The missed documentation for the Tacrolimus ointment was an oversight. -The eczema flare up for Client #1 had greatly improved. -The pharmacy provided the MARs and were slow to remove medications that were no longer used which also led to confusion. She indicated that she would work with the pharmacy and doctor to resolve the errors. <p>Interview on 10/11/18 with the Qualified Professional revealed:</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/11/2018
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE HOMES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10 HOLLY RIDGE DRIVE ASHEVILLE, NC 28803		
(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 118	Continued From page 3 -He and his wife work together to manage the medications. -They both try to ensure that physician orders are in the record. They worked closely with their pharmacy. -They tried hard to keep up with the medicine and would work with the physician and pharmacy to correct the errors.	V 118			