

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2018
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NAME OF PROVIDER OR SUPPLIER ROANOKE TRAIL FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 185 ROANOKE TRAIL MANTEO, NC 27954
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(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 A complaint survey was completed on October 26, 2018. The complaint was substantiated (intake #NC00144061). 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 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

DHSR - Mental Health
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Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature]
STATE FORM 6899 3K6611

TITLE
Program Manager

(X6) DATE
12/12/18

If continuation sheet 1 of 7

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V 117	<p>Continued From page 2</p> <p>Deficiency, Edema and Major Depressive Disorder.</p> <p>Review on 10/26/18 of client #5's signed physician orders for September 2018 MAR revealed:</p> <ul style="list-style-type: none"> - 5-FU/Sal Acid 10% (treats skin conditions) - apply to affected area at bedtime and cover with a bandaid. - Hydrophor ointment (moistens skin) - apply to face and skin twice daily. <p>Observation on 10/26/18 at approximately 12:30pm of client #5's medications revealed:</p> <ul style="list-style-type: none"> - 5-FU/Sal Acid 10% - not able to read the directions for use on the pharmacy label. - Hydrophor ointment - not able to read the directions for use on the pharmacy label. <p>Interview on 10/26/18 the Registered Nurse stated she had contacted the pharmacy to obtain medications with new labels.</p>	V 117 #2	RN reordered new batch of medications to replace medications with unreadable labels. Pharmacy taped over labels on creams and lotions to protect the label.	10/29/18
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>privileged to prepare and administer medications.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of four audited clients (#1, #2 and #6). The findings are:</p> <p>Finding #1: Review on 10/26/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 32 year old male. - Admission date of 01/01/18. - Diagnoses of Severe Intellectual Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (ADHD), Ehlers-Danlos Syndrome and Legally Blind. <p>Review on 010/26/18 of client #1's signed physician orders for September 2018 revealed:</p>	V 118	<p>Habilitation Coordinators check medications daily for missed medications and missing initials on MARs.</p> <p>Implemented "Due Medication" checks in Therap system by RN, QP, and/or Program Manager as a means to double check MAR for missed medication administration or missed initials.</p>	10/31/18

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V 118	Continued From page 6 pharmacy on 10/22/18. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		



December 13, 2018

DHSR - Mental Health

DEC 18 2018

Int. & Cert. Section

To Whom It May Concern,

Enclosed is the plan of correction for our Roanoke Trail Facility. If you need any additional information I can be reached at (252) 338-3622.

Sincerely,

A handwritten signature in black ink that reads "Trinette G. Bowser". The signature is written in a cursive, flowing style.

Trinette G. Bowser, MS QPII
Program Manager