

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>474 MACON-EMBRO ROAD</b> <b>MACON, NC 27551</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 and follow-up survey was completed 11/30/18. 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 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 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>	V 118		

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>MHL093-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>474 MACON-EMBRO ROAD</b> <b>MACON, NC 27551</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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure medications were administered on the signed, written order of a person authorized to prescribe medication for two of three clients (#1, #2). The findings are:</p> <p>Observation on 11/28/18 at approximately 11:00 AM of client #1's medications revealed the following medications were present:</p> <ul style="list-style-type: none"> <li>- Pulmicort 180 mcg with instructions to inhale 1 puff twice daily</li> <li>- Proair HFA 90 mcg with instructions to inhale 2 inhalations every 6 hours as needed for wheezing</li> <li>- Vitamin D3 1000 units , an over the counter medication</li> <li>- Lisinopril 20 mg with instructions to administer 1 tablet daily</li> </ul> <p>Review on 11/27/18 and 11/28/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 5/23/03</li> <li>- an FL2 dated 4/23/18 with diagnoses including Schizophrenia, Borderline Mental Retardation and Asthma</li> <li>- an unsigned medication list dated 11/28/18 with the above medications</li> <li>- no evidence of a signed physician's order for the above medications</li> <li>- September, October and November 2018 medication administration records (MARs) with documentation to reflect the above medications were administered daily</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>474 MACON-EMBRO ROAD</b> <b>MACON, NC 27551</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 118	<p>Continued From page 2</p> <p>Observation on 11/28/18 at approximately 11:10 AM of client #2's medications revealed the following medications were present:</p> <ul style="list-style-type: none"> <li>- Cetirizine 10 mg with instructions to administer 1 tablet daily as needed for allergies</li> <li>- Trihexy Phenidyl 2 mg tablets with instructions to administer at hour of sleep</li> <li>- Aspirin 81 mg with instructions to administer 1 tablet daily</li> <li>- Atorvastatin 10 mg with instructions to administer 1 tablet daily</li> </ul> <p>During an interview on 11/27/18, client #1 reported he received his medications daily.</p> <p>Review on 11/27/18 and 11/28/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 8/6/10</li> <li>- an FL2 dated 6/20/18 with diagnoses including Autism Spectrum Disorder and Schizophrenia</li> <li>- an unsigned medication list dated 6/21/18 with Aspirin and Atorvastatin listed</li> <li>- an un-signed document dated 7/11/18 for Trihexy Phenidyl</li> <li>- no evidence of a signed physician's order for Cetirizine</li> <li>- September, October and November 2018 MARs with documentation to reflect the above medications were administered daily</li> </ul> <p>During an interview on 11/27/18, client #2 reported he received his medications daily.</p> <p>During an interview on 11/27/18, the Qualified Professional reported the doctors' that served client #1 and client #2 had changed recently and the pharmacy the agency used no longer accepted faxed prescription requests from client</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>474 MACON-EMBRO ROAD</b> <b>MACON, NC 27551</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 118	<p>Continued From page 3</p> <p>#1 and client #2's doctors' office and it had been difficult to obtain signed copies of physicians' orders.</p> <p>During an interview on 11/19/18, the Pharmacist reported an Electronic Physician Certified Signature (EPCS) meant a physician had taken the necessary steps in order to electronically authorize an order to be filled. The Pharmacist reported EPCS authorizations were usually used for controlled medications.</p> <p>[The above medications did not have EPCS authorization numbers.]</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure the facility was maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 11/28/18 between 10:20 and 11:30 AM of the facility revealed:</p> <ul style="list-style-type: none"> <li>- an audible beeping heard throughout the facility</li> <li>- a noticed dated 10/30/18 from the County Code Enforcement with instructions to "change battery in smoke detector"</li> <li>- rust stains at the bottom of the refrigerator</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>474 MACON-EMBRO ROAD</b> <b>MACON, NC 27551</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 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- an uncovered trash can in the kitchen</li> <li>- carpet and flooring remnants on the floor in the den</li> <li>- the hall bathroom tub was stained, the ceiling above the tub was cracked and peeling, the paper towel dispenser was broken and the heat vent was rusted</li> </ul> <p>During an interview on 11/28/18, the Qualified Professional (QP) reported audible beeping just started recently and was not beeping 2 weeks ago. The QP further reported the Owner was renovating the bathroom in client #1's room and had ordered supplies to renovate the hall bathroom.</p> <p>[This deficiency constitutes a recited rule area and must be corrected within 30 days.]</p>	V 736		