

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
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NAME OF PROVIDER OR SUPPLIER WARREN COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 109 MUSTIAN ROAD NORLINA, NC 27563
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed 11/30/18. A deficiency was 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		

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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 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 one of three audited clients (#5). The findings are:</p> <p>Observation on 11/30/18 at approximately 11:00 AM of client #5's medications revealed the following medications were present:</p> <ul style="list-style-type: none"> - Sertraline 100 mg tablets with instructions to administer 1 tablet daily - Dival Proex Sodium 250 mg tablets with instructions to administer 3 tablets twice daily - Kapvay ER 0.1 mg tablets with instructions to administer 2 tablets each morning and tablets at hour of sleep - Hydroxyzine 50 mg tablets with instructions to administer 1 tablet three times daily, as needed <p>Review on 11/30/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 10/29/18 - a Person Centered Plan dated 4/1/18 with diagnoses including Intellectual Developmental Disability severe, Unspecified Mood Disorder, Autism and Seizure Disorder- - no evidence of a signed physician's order for the above medications - October and November 2018 medication administration records (MARs) with documentation to reflect the above medications were administered daily with the exception of 	V 118		

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V 118	<p>Continued From page 2</p> <p>Hydroxyzine which had not been administered</p> <p>During an interview on 11/30/18, the Qualified Professional reported client #5 had been an emergency placement and she was in the process of obtaining signed physicians' orders.</p>	V 118		