

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/28/2018
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NAME OF PROVIDER OR SUPPLIER ELSWORTH COURT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 ELSWORTH COURT MCLEANSVILLE, NC 27301
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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 on 12/28/2018. 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		

Division of Health Service Regulation 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 and interviews, the facility failed to ensure that MARs included the correct name and strength of each drug, and that medications were only administered on the written order of an authorized person affecting 2 of 3 clients (#2 & #3). The findings are:</p> <p>Review on 12/27/2018 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 12/1/2002 - Diagnoses: Intermittent Explosive Disorder; Moderate Intellectual Disability; High blood pressure; Diabetes Mellitus; Sleep Apnea; and History of acute congestive heart failure; - Physicians orders for the following medications: <ul style="list-style-type: none"> - Theophylline 400 mg (milligrams), 1 tablet every day (QD), dated 5/15/2017; - Potassium 10 meq (microequivalents), 2 tablets QD, dated 3/31/2018; - Desmopressin 0.2 mg, 2 tablets QD, dated 5/12/2018; - Gabapentin 400 mg, 3 tablets every night at bedtime (QHS), dated 8/17/2018; - Aspirin 81 mg, 1 tablet QD, dated 8/1/2018; - Amitriptyline 25 mg, 1 tablet QHS, dated 1/10/2018; and - Famotidine 20 mg, 1 tablet QHS, dated 6/28/2018; - No physician's order was present for Tinactle foot spray or Glucose tablets. <p>Review on 12/27/2018 of client #2's MARs dated 10/1/2018 to 12/27/2018 revealed:</p> <ul style="list-style-type: none"> - Medication names were misspelled for 	V 118		

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V 118	<p>Continued From page 2</p> <p>Theophylline and amitriptyline each month; - No medication strength was included in the administration instructions for potassium, desmopressin, Gabapentin, aspirin, amitriptyline or famotidine each month; - Tinactle foot spray administration instructions were to apply every other day, with documentation that the medication was administered every other day as written on the MAR; - Glucose tablets administration instructions were to "take as needed", with no documentation that the medication was used.</p> <p>Review on 12/27/2018 of client #3's record revealed: - Admission date: 5/29/2004; - Diagnoses: Psychotic Disorder Not Otherwise Specified; Mild Intellectual Disability; Deafness; and Cerebral Palsy; - Physicians orders for the following medications: - Pulmicort Flexhaler 90 mcg (micrograms), 2 puffs twice daily (BID), dated 9/12/2017; - Stool softener plus 8.6/50 mg, 1 tablet QHS PRN (as needed), dated 3/23/2016; and - Risperidone 20 mg, 1 tablet QHS, dated 8/20/2018.</p> <p>Review on 12/27/2018 of client #3's MARs dated 10/1/2018 to 12/27/2018 revealed: - The medication name was misspelled for Pulmicort Flexhaler each month; - No medication strength was included in the administration instructions for stool softener plus or risperidone.</p> <p>Interview on 12/27/2018 with staff #1 revealed: - There had not been any changes to the medication strength of client #2 and #3's medications;</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Clients #2 and #3 had been administered the correct dosage of all of their medications; - Clients' #2 and #3's medications had the strength of each medication listed on the label. <p>Interview on 12/21/2018 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The QP was not aware of any issues with clients' medication administration or MAR <p>Further interview with the QP on 12/27/2018 was not completed due to the QP being on Christmas vacation.</p>	V 118		