

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2018
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NAME OF PROVIDER OR SUPPLIER HARRIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5035 ABERCROMBY STREET CHARLOTTE, NC 28213
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 12/13/18. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</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</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current, failed to ensure the MAR included the name and strength of each drug and failed to follow the written order of a physician affecting 1 of 1 client (Client #1). The findings are:</p> <p>Record review on 11/29/18 for Client #1 revealed: -Admission date of 6/19/18 with diagnoses of Mild Intellectual Disability, Bipolar Disorder, Depression, Mood Disorder, Anxiety Disorder, Hypertension and Diabetes. -Physician order dated 9/18/18 for the following medications: --Banophen (agitation/anxiety) 25mg- take 1 every 6hrs for 14 days PRN (as needed). --Benztropine (tremors) 1mg- take 1 two times daily. --Bupropion HCL (depression) 150mg once daily. --Cyclobenzaprine (muscle relaxer) 10mg at bedtime PRN. --Dulaglutide (diabetes) 1.5mg/0.5ml - inject 0.5ml into the skin once a week. --Fluoxetine (depression) 40mg- take 1 every evening. --Haloperidol (agitation) 5mg -take 1 every am PRN. --Haloperidol decanoate (agitation) 50mg/ml- inject into the muscle every 21 days. --Hydrochlorothiazide (high blood pressure) 12.5mg- take one daily. --Hydroxyzine Pamoate (anxiety) 25mg- take 1-2 three times daily PRN.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>--Losartan Potassium (hypertension) 25mg once daily. --Metformin (diabetes) 500mg- take 2 tabs two times daily. --Naproxen (pain reliever) 500mg -take 1 tab twice daily PRN. --Bactrim DS (antibiotic) 800-160mg -take 1 twice daily. --Valproate (mood stabilizer) 250mg/5ml solution -take 250mg at bedtime.</p> <p>-Physician Orders presented on 11/30/18 after survey entrance revealed: --Benztropine 1mg twice daily (same as above). --Divalproex Sodium (Valproate) 500mg twice daily. --Dulaglutide 0.75mg/0.5ml inject 0.5ml into skin once weekly (same as above). --Haloperidol 5mg once in AM as needed. --Lisinopril-hydrochlorothiazide 20-25mg once daily. --Metformin 500mg 2 tabs twice daily (same as above).</p> <p>Review on 11/29/18 of MARs for September - November 2018 revealed: --Banophen, Bupropion, Cyclobenzaprine, Fluoxetine, Haloperidol decanoate, Hydrochlorothiazide, Hydroxyzine Pamoate, Losartan Potassium, Naproxen and Bactrim were not listed on any MAR. (10 meds) --Benzotropine was initialed as administered once daily in September and October and twice daily in November although no change in orders was available. --Divalproex was initialed as administered (2 tabs of unknown milligram) once daily in September and October and 500mg twice daily in November although no change in orders was available. --Haloperidol was initialed as administered every</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>AM for September 1-November 29 not PRN as ordered. (90 days) --Dulaglutide was not listed on September or October MAR but was initialed as administered once a week in November. (9 weeks missed) --Lisinopril (high blood pressure) 10mg was initialed as given each day of September and October without an order. (61 days) --Lisinopril 20-25mg was listed on November MAR but no dates were initialed.</p> <p>Observation on 11/29/18 at approximately 3pm of medication bottle labels on hand at the facility revealed: Benzotropine 1mg give once daily and PRN dispensed on 10/12/18. Depakote (Divalproex) 500mg 1 tab twice daily dispensed 11/13/18. Haldol 5mg once daily dispensed 7/10/18. Lisinopril HCTZ 20-25mg once daily dispensed on 11/1/18. Metformin 500mg 2 tabs twice daily dispensed 7/11/18. Trulicity (Dulaglutide) 0.75mg/0.5ml inject under skin once weekly dispensed 11/27/18.</p> <p>Interview on 10/3/18 with Client #1 revealed: -Had been at this AFL (alternative family living) about 4-5 months. -Took medication for depression and got a shot in his stomach once every 2 weeks for diabetes. He had never missed any medications. -Checked his blood sugar every day. -Behavioral health gave him a Haldol shot once a month. He saw the psychiatrist on those days too. -He gave himself shots in his stomach weekly. -Had taken Wellbutrin to stop smoking but it didn't work. Smoking helped him calm down.</p> <p>Interview on 11/29/18 with AFL Provider revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Client #1 was his first client to live in his home. He had worked in the field previously. -The Qualified Professional (QP) brought him the written MARs every month. -Had received medication training but no real training on giving shots. Client #1 could give himself the once a week shot after he prepared the medication. -Client #1 did receive the shots weekly even though it was not documented on September and October MARs. -Client 1 received his Lisinopril even though it was not documented on the November MAR. -Client #1 was fairly independent but not very motivated. He liked to work because he got paid. -Client #1 came to his home from being in patient at local hospital. -He was not aware he did not have the right orders. The doctor just called the pharmacy and he picked up the medications. <p>Interview on 12/1/18 with Medical Assistant in the Primary Care Physician's office revealed:</p> <ul style="list-style-type: none"> -Sometimes their system would duplicate refills. If the prescriber did not manually discontinue a medication it would keep printing on medication lists. For instance, Banaphen was initially ordered 1/18/18. The order indicated 14 days but did not also include a date and no one had manually discontinued the medication. This medication continued to be included in the client's list of medications. -Psychotropic meds were prescribed by behavioral health not their office. <p>Interview on 11/29/18 with QP #1 revealed:</p> <ul style="list-style-type: none"> -Began working for the Licensee December 2012. -Had worked with AFL provider for about a year. -Client #1 moved into AFL June 2018 as the first client for this AFL. 	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Completed monthly visits to the facility-checked books, meds, water temps and client's room. -Client #1 was on 7 medications when he first moved into facility. -Thought all medication orders were in the facility or minimally at the Licensee's office. <p>Interview on 11/29/18 with QP #2 revealed:</p> <ul style="list-style-type: none"> -Had only recently began working for Licensee and with this AFL. -Had noticed the previous MARs did not match what he thought was an order. He thought he had written the November MAR correctly. -Thought the list of current medications from the doctor's office were the doctor's orders. Was not aware the Doctor's signature was needed on all orders. <p>Plan of Protection reviewed on 11/29/18 written and signed by QP #2 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "Provider will not administer meds, until he attends the next med class. The new QP [QP #2] will be administering both AM and PM meds. QP will obtain training to administer 'Trulicity' injection. Client will be trained to 'self-medicate' the injection. QP will immediate obtain 'physician order' that 'DC' [discontinue] previous meds and one that matches the meds that client is presently taking and matches the MAR.</p> <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1-QP will be monitoring home weekly. 2-Provider will be sent to the next medication administration class. 3-Provider will be required to attend refresher training class as to better understand protocol for 	V 118		

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V 118	<p>Continued From page 6</p> <p>doctor's visit and proper documentation. New QP will be overseeing all aspects of the 'Harris Home', effective 12-1-18."</p> <p>According to the documentation at the facility, Client #1 had physician's orders for 10 medications for anxiety, agitation, depression, muscle relaxant, hypertension, pain relief and infection which he did not receive. He was administered various doses of 2 medications for tremors and mood stabilization for which there were no corresponding physician orders. He was administered a medication for agitation for 90 consecutive days as written on the MARs although physician orders were for PRN. An injectable medication ordered for diabetes was not administered for 9 weeks and a medication for hypertension was administered 61 days without an order. Failure to administer medications for anxiety, agitation, depression, hypertension and pain relief according to physicians' orders resulted in exacerbation of symptoms. This failure constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 118		