

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-472 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/20/2018 |
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| NAME OF PROVIDER OR SUPPLIER RES SUPPORT SVCS OF WAKE CO-MILLBROOK | STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST MILLBROOK ROAD RALEIGH, NC 27609 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/20/18. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5000C 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 | <p>DHSR - Mental Health</p> <p>JAN 11 2019</p> <p>Lic. & Cert. Section</p> | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 118 | Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications administered shall be recorded immediately after administration for one of three audited clients (#5). The findings are: Review on 11/16/18 of client #5's record revealed: - admitted on 6/16/14 - diagnoses of Moderate Intellectual Developmental Disability and Seizure Disorder - a FL2 dated 6/28/18: Vimpat 100mg 2 by mouth (PO) bedtime (can treat partial seizures); QC fiber 2 PO bedtime and Onfi 10mg 2 twice day (indicated for the adjunctive treatment of seizures) Review on 11/16/18 of client #5's November 2018 MAR revealed: - at 12:47pm the bedtime medications had already been initialed During interview on 11/16/18 staff #1 reported: - she mistakenly initialed the bedtime medications - she normally initialed the MAR after the medication was administered | V 118 | Medication not in use was discontinued and documentation was received from the doctor and copy submitted to pharmacy. MAR's will be reviewed to ensure that what medication is listed on the MAR is current and accurate. Any medication not in use will be reviewed by the doctor and documentation will be filed for discontinuation of medication. QP will review MAR's. MAR's will be reviewed and documented monthly when delivered from pharmacy. Staff was immediately retrained on medication policy and procedure. Medications administered shall be recorded immediately after administering on the Medication Administration Record (MAR) to reflect time given. QP will review Medication policy and procedure at least annually during house meetings with all staff. Any staff who has multiple medication errors will be required to re-take the medication administration course. QP will review MAR's 2-4 times per week at minimum. QP will monitor MAR's to ensure that proper documentation is being completed for each resident. | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-473 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/20/2018 |
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| NAME OF PROVIDER OR SUPPLIER RES SUPPORT SVCS OF WAKE CO - HAILEY | STREET ADDRESS, CITY, STATE, ZIP CODE 408 HAILEY DRIVE RALEIGH, NC 27606 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/20/18. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5000C 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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| 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 facility failed to ensure one of three audited clients (#3) self administered medications only when authorized in writing by a physician. The findings are:</p> <p>Review on 11/20/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 9/1/95 - diagnoses of Intellectual Developmental Disorder; Seizure Disorder; Hyperlipidemia: Gait abnormality and tremors - a FL2 dated 1/3/18: Clonazepam 1mg three times (TID) a day (can treat seizure disorder) and Levetiracetam 250mg half TID a day - no physician order to self administer his medications <p>Review on 11/20/18 of client #3's November 2018 MAR revealed:</p> <ul style="list-style-type: none"> - the Clonazepam & Levetiracetam was take at 8am; 12pm and 5pm <p>Observation on 11/20/18 at 3:32pm revealed:</p> <ul style="list-style-type: none"> - client #3 show the surveyor a 2 pill dispenser <p>During interview on 11/20/18 client #3 reported:</p> <ul style="list-style-type: none"> - he took the 2 pill dispenser with him to work today - he self administered his medication daily at noon <p>During interview on 11/20/18 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she has been with the facility for 8 years | V 118 | | |

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| V 118 | Continued From page 2 - client #3 has self administered his noon medications since she been employed at the facility - if there was a self administer order it was probably archived - she contacted his physician's office today for a self administer order | V 118 | An agency form has been generated to document the criteria to be met in order for an individual to self-medicate. A copy is included with this correction. The form will be included as part of the yearly review assessments that RSS requires when having the person centered plan meeting. The yearly plan includes the team that works with that individual, such as RSS staff, guardians, care coordinators, family, employment specialists, and invited individuals important to the client. The team will discuss the ability of the individual to self-medicate if warranted, along with the other assessments already in place that cover criteria such as safety, health, and medical issues. The individual that will be self-medicating, Program Coordinator, and the individual's primary care physician or psychiatrist will sign the form, indicating that all are in agreement with the decision. If there are any changes (i.e. health, medication changes, etc.) that occur during the plan year, the Program Coordinator will review them with the Program Director and physician to many any needed changes as necessary. The Program Director reviews all person centered plans. As mentioned previously, the plans are done on a yearly basis. | | |

Residential Support Services of Wake County, Inc.

Self-Medication

After completion of Risk Assessments and review by the team, it has been determined that

_____ is able to self-medicate _____

Conditions:

Precautions:

Individual: _____

Program Coordinator: _____

Physician's Name: _____

Physician's Signature: _____

Attach to PCP