

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl046-015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2019
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - ROANOKE/CHOW/	STREET ADDRESS, CITY, STATE, ZIP CODE 144-C COMMUNITY COLLEGE ROAD AHOSKIE, NC 27910
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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 1/16/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Crisis Services for all Disability Groups.</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 record review and interview the facility failed to ensure medications administered were recorded immediately after administration one of three audited clients (#2). The findings are:</p> <p>Review on 1/15/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 1/14/19 - diagnoses of Opioid Disorder; Anxiety Disorder; Bipolar and Attention Deficit Hyperactivity Disorder - a physician's order dated 1/15/19 "Buprenorphine 2mg- 2 tab by mouth twice a day for 3 days" <p>Review on 1/15/19 of a January 2019 MAR after 12pm for client #2 revealed:</p> <ul style="list-style-type: none"> - Buprenorphine was to be administered at 6am & 6pm - the Buprenorphine was not signed at 6am <p>During interview on 1/15/19 the Licensed Practical Nurse reported:</p> <ul style="list-style-type: none"> - she was not on duty - the Buprenorphine medication was missing from the medication pack - staff appears to have administered the medication but did not sign after administration <p>During interview on 1/15/19 the Program Director reported:</p> <ul style="list-style-type: none"> - she audited the MARs weekly - she has not found any medication errors - she planned to put measures in place to prevent future medication errors 	V 118		

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