

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-735	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2019
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NAME OF PROVIDER OR SUPPLIER CLORA'S ANGELS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE WENDELL, NC 27591
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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 & follow up survey was completed on 1/23/19. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living/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 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 facility failed to administer one of three clients (#2) medication on the written order of a physician. The findings are:</p> <p>Review on 1/23/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 9/15/15 - diagnoses of Severe Intellectual Developmental Disorder; Seizure Disorder and Chromosomal Deletion - a physician's order dated 8/27/18: Clonazepam .5mg 1/2 morning & 1/2 at 11am (can treat seizures, panic disorders and anxiety) <p>Review on 1/23/19 of client #2's December 2018 & January 2019 MARs revealed:</p> <ul style="list-style-type: none"> - December MAR staff initialed the entire month - January MAR was initialed until 1/23/19 <p>Observation on 1/23/19 at 12:19pm of client #2's medication at the facility revealed:</p> <ul style="list-style-type: none"> - Clonazepam medication label revealed it was filled 10/30/18 for 30 pills...no refills - the bottle was empty <p>Observation on 1/23/19 between 2:10pm & 2:33pm of client #2's medication at the day program revealed:</p> <ul style="list-style-type: none"> - Clonazepam medication label revealed it was filled 8/2/18 - it was more than 15 pills in the medication bottle 	V 118		

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V 118	<p>Continued From page 2</p> <p>During interview on 1/23/19 the pharmacist reported:</p> <ul style="list-style-type: none"> - she last filled the Clonazepam for client #2 in October 2018 for 30 pills - she sends one full bottle of the Clonazepam and an empty medication bottle - the Licensee was supposed to send half of the Clonazepam in the empty medication bottle to the day program to administer at 11am - the Clonazepam should have ran out sometime in December 2018 - she reached out to client #2's physician in November 2018, December 2018 and January 2019 - in January the office requested the Licensee to call for any refills for a client - the Licensee came to the pharmacy on Monday (1/20/19) & left a message for the refills - it was hard to reach anybody directly at this office...they have more than one office and a message have to be left - the "Clonazepam was used for anxiety and not a medication she would need to give emergency samples for" <p>During interview on 1/23/19 the Program Director at the day program reported:</p> <ul style="list-style-type: none"> - client #2 received the Clonazepam daily - the Licensee would bring 1/2 of the Clonazepam to the day program to administer at 11am - the Licensee "probably put the medication in any bottle that's why it had an August 2018 label" <p>During interview on 1/23/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she administered the last Clonazepam this morning - she left a message with client #2's physician requesting a refill...she will go by the physician's 	V 118		

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V 118	<p>Continued From page 3</p> <p>office tomorrow (1/24/19) to request a refill for the Clonazepam</p> <ul style="list-style-type: none"> - she will go by the day program and get a few Clonazepam until the medication could be filled by the pharmacy - the day program has extras because client #2 miss days due to physician appointments and she does not attend weekends <p>"Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician"</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		