

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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(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	INITIAL COMMENTS An annual survey was completed on 12/13/18. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118	THE QP WILL MAKE WEEKLY CONTACT W/THE HARRIS HOME MOVING FORWARD TO ENSURE THE HOME IS IN COMPLIANCE. THE QP WILL ALSO MAKE MONTHLY FACE TO FACE VISITS TO THE HOME. THE PROVIDER IS IN COMPLIANCE W MEDICATION TRAINING. HE ALSO ATTENDED A REFRESHER COURSE ON 12/05/18 TO BETTER UNDERSTAND UNIQUE CARING PROTOCOLS IN REGARDS TO DOCTOR VISITS AND PROPER DOCUMENTATION. THE UNIQUE CARING STAFF/ PROVIDER WILL FOLLOW RULE 10A NC AC 2740209 BY ① ADMINISTERING ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS. THE MEDICATIONS WILL BE GIVEN AS PRESCRIBED ON THE PHYSICIAN ORDER	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

1-21-19

TITLE *Family Care Coordinator* (X6) DATE

JAN 25 2019

Lic. & Cert. Section

Division of Health Service Regulation

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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). --Benzotropine (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	<p>② UNIQUE CARING PROVIDER WILL ADMINISTER ALL MEDICATIONS UNLESS THERE IS A WRITTEN ORDER FOR THE PERSON SERVED TO SELF ADMINISTER.</p> <p>③ ALL MEDICATIONS INCLUDING INJECTIONS WILL BE ADMINISTERED BY TRAINED AFL PROVIDERS. THE PROVIDER WILL RECEIVE TRAINING BY A REGISTERED PHARMACIST OR OTHER LEGALLY QUALIFIED PERSON</p> <p>④ THE UNIQUE CARING PROVIDER WILL KEEP A CURRENT MAR OF ALL DRUGS ADMINISTERED TO EACH CLIENT. MEDICATIONS ADMINISTERED SHALL BE RECORDED IMMEDIATELY AFTER ADMINISTRATION. THE MAR IS TO INCLUDE THE FOLLOWING:</p> <p>Ⓐ CLIENT'S NAME</p>	
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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: --Benzotropine 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)</p> <p>--Dulaglutide was not listed on September or October MAR but was initialed as administered once a week in November. (9 weeks missed)</p> <p>--Lisinopril (high blood pressure) 10mg was initialed as given each day of September and October without an order. (61 days)</p> <p>--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: Benztropine 1mg give once daily and PRN dispensed on 10/12/18.</p> <p>Depakote (Divalproex) 500mg 1 tab twice daily dispensed 11/13/18.</p> <p>Haldol 5mg once daily dispensed 7/10/18.</p> <p>Lisinopril HCTZ 20-25mg once daily dispensed on 11/1/18.</p> <p>Metformin 500mg 2 tabs twice daily dispensed 7/11/18.</p> <p>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:</p> <ul style="list-style-type: none"> -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>Interview on 11/29/18 with AFL Provider revealed:</p>	V 118	<p>UNIQUE CARING NETWORK STAFF AND PROVIDER SHALL GIVE MEDICATIONS INCLUDING INJECTIONS 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>	
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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	<p>UNIQUE CARING AND PROVIDER WILL FOLLOW UP W/ THE DOCTOR TO ENSURE DISCONTINUED MEDICATIONS ARE REMOVED FROM THE CURRENT MEDICATION LIST AND NOT DUPLICATED.</p>	

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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	<p>• THE PROVIDER WAS TRAINED BY THE PCP NURSE ON 12/03/18 TO PROVIDE THE TRULICITY INJECTION.</p> <p>• A REFRESHER COURSE WAS PROVIDED ON 12/05/18 WITH THE UNIQUE CARINE RN AS WELL AS THE AGENCY MEDICATION /COMPLIANCE TRAINING & SUPERVISION</p> <p>• THE AFL PROVIDER IS SCHEDULED TO ATTEND THE MHL NEW PROVIDER ORIENTATION (DOTS) ON 4/08/19.</p>	

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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		



www.unitedcaringnetwork.com

PHYSICIAN'S ORDERS FORM

NAME OF PERSON SERVED: [REDACTED]

D.O.B: [REDACTED]

MEDICAL RECORD #: [REDACTED]

INSTRUCTIONS:

- A signed order is required for each visit in which there is a medication change (new or discontinue).
- Orders for administering medications must include the dosage and schedule for administration.
- Orders must be renewed every 6 months.
- A Medication Information form is required for prescription medications. If the resident has a legal guardian, an Authorization to Administer a Medication form is required for psychotropic and over-the-counter medications.

Date: 01/07/2019

Type of Service: Office VISIT

Diagnosis (Optional): Hypertension, Type 2 Diabetes, Mixed Dyslipidemia, Tinea Cruris

Orders for Treatment: Increase Dulaglutide dose to 1.5mg SQ weekly

Haloperidol Inject 175mg every 21 days

Medication Name	Strength	Dosage	Frequency	Discontinue Date If Any	Initial if PRN	Authorization to self-administer
Amlodipine	5mg	one	daily			
Aspirin	81mg	one	daily			
Benzotropine	1mg	one	twice daily			
Divalproex sodium	500mg	one	twice daily			
Dulaglutide 1.5mg	1.5mg	once SQ	weekly			
Econazole cream	1%		twice daily			

Haloperidol 5mg one every morning PRN for Agitation
 OVER-THE-COUNTER PRN MEDICATIONS
 lisinopril Hydrochlorothiazide 20/25mg one daily
 metformin 500mg take one twice daily

The medications initialed below may be given as directed:

- () Acetaminophen: (Tylenol) 2 tablets (350/500 mg. ea.) every 4 hours, (max 10 per day) as needed for pain or fever.
- () Ibuprofen: (Advil) 1-2 tablets (200 mg. ea.) every 4 hours, (max 10 per day), as needed for pain.
- () Pepto Bismol: 2 tablespoons per hour (max 8 tbsp/day) as needed for nausea.
- () Loperamide HCl: (Imodium AD) 2 tablets (2 mg. ea.), then 1 tablet every 4 hours (max 4 per day), as needed for diarrhea.
- () Methylcellulose: (Metamucil) 1 heaping tablespoon in 1 cup of juice 3 times per day, as needed for constipation.
- () Casanthranol & Docusate Sodium: (PeriColace) 2 capsules at bedtime (max 2 days), as needed for constipation.
- () Guaifensin & Dextromethorpan: (Robitussin DM) 2 teaspoons every 4 hours, as Needed for persistent cough with cold or flu.
- () Tolnaftate (spray or ointment): (Tinactin) apply topically to feet twice daily for up to 7 days for fungal infection.
- () Other O-T-C PRN medications (please specify dosage and frequency).

PHYSICIAN'S SIGNATURE: Adrienne Granney

DATE: 1/8/2019

Novant Health
Osteopathic and
Family Medicine
8420 University Exec Pk Ste
850
Charlotte NC 28262-1308
Phone: 704-316-1750
Fax: 704-316-1755

January 23, 2019

Patient: [REDACTED]
Date of Birth: [REDACTED]
Date of Visit: **1/23/2019**

To Whom It May Concern:

On 12-3-2018 [REDACTED] received education on the use of the Trulicity injection system at our office by qualified Medical staff.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Angela Catos, RN

Nurse Visit

A handwritten signature in cursive script that reads "Angela Catos RN". The signature is written in black ink and is positioned below the typed name and title.

THE UNIQUE
CARING
NETWORK

www.UniqueCaringNetwork.com

PHYSICIAN'S ORDERS

Person Served: [REDACTED] DOB: [REDACTED] Record: [REDACTED]

Instructions: A signed order is required for each visit. Orders for administering medications must include the dosage and schedule for administration. Orders must be renewed every 6 months. A Medication Information form is required for prescription medications. If the resident has a legal guardian, an Authorization to Administer a Medication form is required for psychotropic and over-the-counter medications.

Date: 1/23/19

Type of Service: Innovations

Diagnosis (Optional):

Orders for Treatment: Dose correction (see Below)

Please attach list of current medication

Medication Name	Strength	Dosage	Frequency	Discontinue Date If Any	Initial if PRN	Authorization to self-administer
Benzotropine	1mg	one tab	daily + prn	(per psychiatry)	AK	No

Medication Name	Strength	Dosage	Frequency	Discontinue Date If Any	Initial PRN	Authorization to self-administer

OVER-THE-COUNTER PRN MEDICATIONS

The medications initialed below may be given as directed:

- () Acetaminophen: (Tylenol) 2 tablets (350/500 mg. ea.) every 4 hours, (max 10 per day) as needed for pain or fever.
- () Ibuprofen: (Advil) 1-2 tablets (200 mg. ea.) every 4 hours, (max 10 per day), as needed for pain.
- () Pepto Bismol: 2 tablespoons per hour (max 8 tsp/day) as needed for nausea.
- () Loperamide HCl: (Imodium AD) 2 tablets (2 mg. ea.), then 1 tablet every 4 hours (max 4 per day), as needed for diarrhea.
- () Methylcellulose: (Metamucil) 1 heaping tablespoon in 1 cup of juice 3 times per day, as needed for constipation.
- () Casanthranol & Doxosate Sodium: (PeriColace) 2 capsules at bedtime (max 2 days), as needed for constipation.
- () Guaifensin & Dextromethorpan: (Robitussin DM) 2 teaspoons every 4 hours, as Needed for persistent cough with cold or flu.
- () Tolnaftate (spray or ointment): (Tinactin) apply topically to feet twice daily for up to 7 days for fungal infection.

Other O-T-C PRN medications (please specify dosage and frequency).

PHYSICIAN'S SIGNATURE: Adrienne Grans DATE: 1/23/2019

REFRESHER

Certificate of Completion

This certificate is awarded to:



To certify satisfactory completion of:

Medication Administration, Seizure Management, and Bloodborne Pathogens

Instructor:

Rachel Ringler, RN

Agency:

Unique Caring

Address:

7128-B Albemarle Road, Charlotte NC 28227

Date: 12/5/2018

Contact Hours: 3.0

Rachel Ringler, RN
Signature

12-5-2018
Date


This is to certify that [REDACTED] was educated on 12/3/2018 on the use of Trulicity injection by me Mr. Orwell Allison, RN and that [REDACTED] was able to perform a return demonstration.

If you have any questions, please do not hesitate to contact call:

(704) 606-3238

Sincerely

Orwell Allison, RN

A handwritten signature in black ink that reads "Orwell Allison, RN". The signature is written in a cursive style with a large, stylized initial "O".

MEDICATION ADMINISTRATION RECORD

CONSUMER NAME: [REDACTED] RECORD NUMBER: [REDACTED] MONTH & YEAR: December 2018

MEDICATIONS	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Bentropine 1mg 1 tab- 2 times Daily	7am	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
	8pm	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
Divalproex 500mg 1 tab by mouth Twice daily	7am	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
	8pm	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
Haloperidol 5mg 1 tab by mouth Every morning	7am	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
Lisinopril 20-25mg 1 tab by mouth daily	7am	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
Metformin 500mg 2 tabs- twice daily With food	7am	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
	8pm	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	
Trulicity injection 0.75mg under the Skin - weekly																																	
	8pm																																
Test blood sugar Once daily																																	
	7am	157	148	142	140	157	149	153	146	153	149	154	141	143	147	157	148	158	171	149	150	148	157	148	151	148	168	158	172	159	162	148	

PERSON GIVING MEDICATION: Instructions: 1. Put initials in appropriate box on back when medication is given not given and use reason codes on back 2. Circle initials when medication

PRINT NAME: [REDACTED] SIGNATURE: [REDACTED]
 PRINT NAME: [REDACTED] SIGNATURE: [REDACTED]

CASE MANAGER / CLINICAL SUPERVISOR: Marketa Dubek-SSO 1/02/19

MEDICATION ADMINISTRATION RECORD

CONSUMER NAME: [REDACTED] RECORD NUMBER: [REDACTED] MONTH & YEAR: Dec 2018

MEDICATIONS	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Amlodipine 5 mg tablets 1 Tab by mouth Daily	8pm																																	
Aspirin 81mg one pill by mouth daily	8pm																																	

PERSON GIVING MEDICATION: Instructions: 1. Put initials in appropriate box when medication is given 2. Circle initials when medication not given and use reason codes on back

QP SIGNATURE: [Signature] DATE: 1/02/19

MEDICATION ADMINISTRATION RECORD

CONSUMER NAME: [REDACTED] RECORD NUMBER: [REDACTED] MONTH & YEAR: Dec 2018
 [REDACTED]

DATE	TIME	MEDICATION & DOSAGE	REASON CODE	COMMENTS	STAFF INITIAL
12/05	AM & PM	1) Amblyperone 5mg 1 pill daily 2) Aspirin 81mg 1 pill daily		Start of 2 new meds physician's order attached	HS

REASON CODES: RSP= Respite R= Refused HV= Home Visit DC= Discontinued AW=AWOL (Elopement) CNA= Consumer not available (incarcerated) H= (Hospital)

PERSON ADMINISTERING MEDICATION: PRINT NAME: [REDACTED] SIGNATURE: [REDACTED] INITIAL: HS
 PRINT NAME: [REDACTED] SIGNATURE: [REDACTED] INITIAL: [REDACTED]
 PRINT NAME: [REDACTED] SIGNATURE: [REDACTED] INITIAL: [REDACTED]