FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING MHL092-735 01/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE **CLORA'S ANGELS HOME** WENDELL, NC 27591 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 1-24-19. I gave Client hu Jam Heds An annual & follow up survey was completed on 1/23/19. A deficiency was cited. and I drove to the Day This facility is licensed for the following service Program to give her Mede. categories: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living. at II: am, heard back V 118 27G .0209 (C) Medication Requirements V 118 Mon Docturs Office 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: With New orders to (1) Prescription or non-prescription drugs shall only be administered to a client on the written S Continue the 11 am order of a person authorized by law to prescribe drugs. dose that's given at (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. the Day Program. (3) Medications, including injections, shall be administered only by licensed persons, or by give her a half tablet 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;

Division of Health Service Regulation

with a physician.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(D) date and time the drug is administered; and (E) name or initials of person administering the

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation

TITLE

(X6) DATE

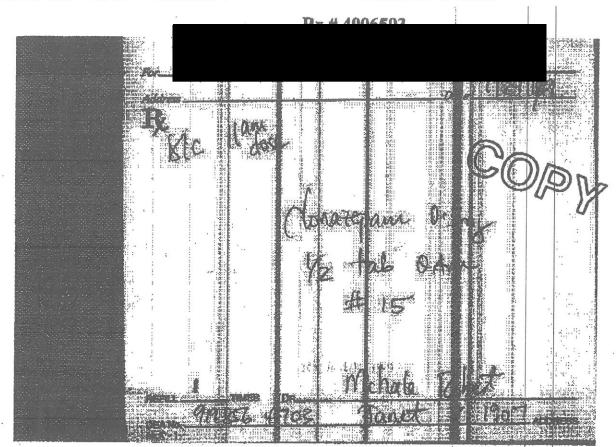
Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ R B. WING 01/23/2019 MHL092-735 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7205 JONATHAN DRIVE **CLORA'S ANGELS HOME** WENDELL, NC 27591 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 Docturi Afft to see her Doctor 15 Scheduled for in This Rule is not met as evidenced by: February 2019 Feb. 18-2019 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: Review on 1/23/19 of client #2's record revealed: 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) Review on 1/23/19 of client #2's December 2018 & January 2019 MARs revealed: December MAR staff initialed the entire month January MAR was initialed until 1/23/19 Observation on 1/23/19 at 12:19pm of client #2's medication at the facility revealed: Clonazepam medication label revealed it was filled 10/30/18 for 30 pills...no refills the bottle was empty Mar West Pf 1-29-19 Observation on 1/23/19 between 2:10pm & 2:33pm of client #2's medication at the day program revealed: Clonazepam medication label revealed it was filled 8/2/18 it was more than 15 pills in the medication bottle

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL092-735 01/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE **CLORA'S ANGELS HOME** WENDELL, NC 27591 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 | Continued From page 2 V 118 Will notify the During interview on 1/23/19 the pharmacist reported: Doctor myself atleast she last filled the Clonazepam for client #2 in October 2018 for 30 pills to I week before she sends one full bottle of the Clonazepam and an empty medication bottle Meds, run out. the Licensee was supposed to send half of the Clonazepam in the empty medication bottle to When we are getting the day program to administer at 11am the Clonazepam should have ran out Close to refill time. sometime in December 2018 she reached out to client #2's physician in November 2018, December 2018 and January Will also speak to in January the office requested the Licensee The Phamaes When to call for any refills for a client the Licensee came to the pharmacy on it Meds. are gettig Monday (1/20/19) & left a message for the refills it was hard to reach anybody directly at this Close to due date. 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" During interview on 1/23/19 the Program Director at the day program reported: 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 Clan Went W any bottle that's why it had an August 2018 label" During interview on 1/23/19 the Licensee reported: 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

PRINTED: 01/28/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: R B. WING MHL092-735 01/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE **CLORA'S ANGELS HOME** WENDELL, NC 27591 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 1 Visted the Docs office tomorrow (1/24/19) to request a refill for the Clonazepam Office the next she will go by the day program and get a few Clonazepam until the medication could be filled by the pharmacy day 1-24-19- but the day program has extras because client #2 miss days due to physician appointments and she Was unable to does not attend weekends "Due to the failure to accurately document reach or see medication administration it could not be determined if clients received their medications any one. They as ordered by the physician" told me at the This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.] Grant desk that No one Was There to speak to Me **DHSR** - Mental Health JAN 3 1 2019 However later the Lic. & Cert. Section neft day I Called Again and was not able to get any one on Friday 1-25-19 I was able to get this resolved

1-29-19 1



Clar West 1-29-19