

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL008-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2019
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NAME OF PROVIDER OR SUPPLIER BERTIE CAMDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST CAMDEN STREET WINDSOR, NC 27983
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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 January 30, 2019 A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C 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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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 one of three (client #1) MAR was kept current. The findings are:</p> <p>Review on 1/29/19 of client #1 record revealed: -Admission date of 3/1/11. -Diagnosis of Severe Mental Retardation.</p> <p>Review on 1/29/19 of client #1's MAR at 5:00 PM revealed the following medications were not initialed on 1/29/19 for 8:00 AM medications -"Lisinopril 40 mg -Aspirin 81 mg -Fexofenadine HCL 180 mg -Magnesium Oxide 400 mg -Nifedipine ER 90 mg -Isosorbide Mononit ER 60 -Furoside 40 mg -Clopidogrel 75 mg -Viactiv Chew"</p> <p>During interview on 1/29/19 the Home Manager stated: -She was not aware the MAR had not been initialed that morning. -Another staff worked this morning and should have initialed those.</p> <p>During interview on 1/30/19 the Licensee stated: -Not aware the MAR was not initialed. -That is not common with her staff. -Will address this with the staff.</p>	V 118		