



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ~~~~~ B. WING: ~~~~~	(X3) DATE SURVEY COMPLETED  <b>01/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDREWS DRIVE FAMILY CARE FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2621 ANDREWS DRIVE SANFORD, NC 27332</b>
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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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to keep the MAR current for 1 of 1 client (#1.) The findings are:</p> <p>Review on 1/25/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/1/17</li> <li>- Diagnoses of Bipolar Disorder with Dependent Personality; Personality Disorder, Not Otherwise Specified; Hyperlipidemia; Asthma; Allergies; Anemia; Non-Insulin Dependent Diabetes Mellitus; Spinal Stenosis; Neurodermatitis; Lower Extremity Edema; Chronic Obstructive Pulmonary Disease; Onychomycosis Bursitis.</li> <li>- Physician's orders included an order dated 9/18/18 for Haloperidol 5mg, one tablet three times each day.</li> <li>- A January 2019 MAR documenting staff administered Haloperidol 5mg to the client from 1/1/19 through 8:00 AM on 1/25/19.</li> </ul> <p>Observation on 1/25/19 at 3:30 PM of Client #1's medications-on-hand revealed:</p> <ul style="list-style-type: none"> <li>- The medication Haloperidol 5mg was not available in the client's current medications.</li> </ul> <p>During interview on 1/25/19, the facility's Associate Professional (AP:)</p> <ul style="list-style-type: none"> <li>- confirmed the medication was not currently available in Client #1's medications-on-hand. - believed the client's physician discontinued the medication on 1/11/19. However, she was unable to locate a discontinue order signed by the client's doctor.</li> <li>- contacted the facility's pharmacist who said she</li> </ul>	V 118		
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V 118	<p>Continued From page 2</p> <p>would locate and provide a copy of a note dated 1/3/19 from Client #1's physician to discontinued the medication.</p> <p>Review on 1/28/19 of a copy of information faxed from the pharmacist to the facility revealed: - Client #1's physician ordered staff to discontinue administering Haloperidol 5mg, one tablet three times each day to Client #1.</p> <p>During further interview on 1/28/19, the facility's AP confirmed: - staff failed to accurately document medication administration to Client #1 and keep her MAR current.</p>	V 118		
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**Victor**  
**& ASSOCIATES INC.**

*Provider of MH/DD/SA Services*

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February 1, 2019

Ms. Maryland Chenier, MSW, LCSW, MPH  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
N.C. Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

DHSR - Mental Health

FEB 06 2019

Lic. & Cert. Section

Re: Annual and Complaint Survey completed January 28, 2019  
Andrews Drive Family Care Facility  
2621 Andrews Drive, Sanford, NC 27330  
MHL#053-082

Dear Ms. Chenier:

See attached hard copy of the plan of correction (POC) for the Andrews Drive Family Care Facility visit. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact me directly. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

James A. Harris

Director, Quality Management