

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-751	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/25/2019
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NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 1	STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE RALEIGH, NC 27616
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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	INITIAL COMMENTS An Annual, Follow Up and Complaint Survey was completed January 25, 2019. The complaint was unsubstantiated (Intake #NC00145683). Deficiencies were cited.	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 with a physician.	V 118		

Division of Health Service Regulation 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 have physicians orders for all medications and assure medications were administered as prescribed for one of three audited clients (#1). The findings are:</p> <p>Review on 01/17/19 of client #1's record revealed: -Admitted: 12/14/18 -Diagnoses: Schizophrenia , Type 2 Diabetes, Hypertension and Obesity</p> <p>A. No physician's orders:</p> <p>Observation on 01/17/19 of client #1's medications revealed: -Norvasc 10 mg one tablet daily dispensed 01/11/19 (primarily used to treat blood pressure) -Claritin 10 mg one tablet daily dispensed 12/18/18 (primarily used to treat allergies) -Atenolol 100 mg one tablet twice daily dispensed 12/18/18 (primarily used to treat blood pressure and chest pain)</p> <p>Review on 01/17/19 of client #1's record revealed -No physician's order for Norvasc, Claritin and Atenolol. -Checklist with medications and "taking" documented by some</p> <p>During interview on 01/25/19, the Qualified Professional/Director reported: -The checklist of medications was provided by client #1's ACTT (Assertive Community Treatment Team) at the time of his admission. The nurse reviewed the listing and documented</p>	V 118		

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V 118	Continued From page 2 "taking" on those active medications for client #1. -Thought all prescriptions and doctors orders had been obtained for client #1 at the time of his admission B. Assure medications administered as prescribed: Observation on 01/17/19 of client #1's medications revealed: -Metformin 500 mg one tablet twice a day dispensed 01.11.19 (primarily used to treat diabetes) Review on 01/17/19 of client #1's record revealed: -FL-2 dated 11/27/18 Metformin 1000 mg one tablet twice a day...No other doctor's orders noted in the record -December 2018, January 2019 MARs listed Metformin 500 mg one tablet twice a day During interview on 01/25/19, the Qualified Professional/Director reported: -Prior to this interview, she was not aware of the discrepancy between the physician's orders, the MARs and client #1's Metformin medication -She thought the checklist provided by ACTT was accurate and she was not aware of any changes made to his medications since admission -She would need to follow up with physician and the pharmacist	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be	V 736		

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V 736	<p>Continued From page 3</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to maintain the home in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Review on 01/17/19 of the facility's public file maintained by the Division of Health Service Regulation revealed: -Statement Of Deficiency dated 03/18 which included citation for facility and ground maintenance. Examples of violations noted were inclusive of lighting in the home, cleanliness of entire home and client rooms and multiple vehicles in the driveway from business managed by Vice President of company</p> <p>Review on 01/22/19 of the local government's sanitation report completed 11/06/18 revealed: -17 demerits listed -"Lighting and Ventilation...Deduction:3 ..Lighting in bedrooms and living room area was quite dim" -"Bed, Linen and Furniture... Deduction:2... In most bedrooms, observed very soiled/stained bed sheets, mattress covers, bed pillows, bed frames and bed spreads...Furniture, bedding and window blinds shall be maintained clean and in good repair...Properly clean or replace items that cannot be cleaned as stated above..."</p> <p>Observations on 01/17/19 at 3:30 PM and 01/18/19 at 12:30 PM revealed:</p>	V 736		

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V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Dining Room: table lamp in middle of kitchen table had light bulb out of the socket but tied to the unit with a bread type tie. The staff person could not get the light to work. There was an overhead light source. -Client #3's bedroom (Downstairs): soiled linen on bed...clothes on the floor...floor lamp in room not enough to illuminate the room -Stairs- Nails exposed as flooring had been stripped but not replaced or work appeared incomplete -Vehicle outside full of items but no valid license plates <p>During interviews on 01/22/19, 3 of 3 audited clients reported:</p> <ul style="list-style-type: none"> -They took care of their rooms and the staff took care of the rest of the facility. -Considered the house currently was clean. <p>During interviews between 01/17/19 and 01/22/19, staff #1 reported:</p> <ul style="list-style-type: none"> -She worked for the facility for a few years -She was the only staff that worked at the facility except when the Licensee and her husband provided relief at her request -Both staff and the clients were responsible for the upkeep of the group house -The light in the overhead lighting in the dining room worked "off and on." The problem with the lighting was not just for the home but for the entire community. <p>During interview on 01/25/19, the Qualified Professional/Director reported:</p> <ul style="list-style-type: none"> -She would follow up with staff and assure the necessary maintenance to the home <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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