

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl095-043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/06/2019
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NAME OF PROVIDER OR SUPPLIER THREE FORKS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 392 CAMP JOY ROAD ZIONVILLE, NC 28698
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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 and follow up survey was completed on February 6, 2019. Deficiencies were 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 2/5/19 of the fire drill log revealed: -No fire drills were conducted: -Daytime shift during 1st quarter, 2018 (January-March); -Nighttime shift during 3rd quarter, 2018</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1 (July-September).</p> <p>Review on 2/5/19 of the disaster drill log revealed: -No disaster drills were conducted: -Daytime or nighttime shifts during 1st quarter, 2018 (January-March); -Daytime shift during 2nd quarter, 2018 (April-June); -Daytime shift during 3rd quarter, 2018 (July-September).</p> <p>Interviews on 2/5/19 with Clients #1, #2 and #3 revealed: -They practiced fire and disaster drills at the group home; -The fire and disaster drills were done every month; -They identified the meeting area outside the group home when they practiced fire drills and what actions they took in a tornado drill.</p> <p>Interview on 2/5/19 with Staff # 3 revealed: -She was responsible for developing the fire and disaster drill schedule; -She was not aware staff had not specified the time the 1/30/18 fire drill was conducted or that times had not been documented for the 1/14/18 and 3/11/18 disaster drills; -She had developed a new fire and disaster log form and would follow up with staff to ensure they were documenting the drills correctly and as scheduled.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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: (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.</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> <p>This Rule is not met as evidenced by: Based on record review interview, the facility failed to keep current MAR on each client. The findings are:</p> <p>Review on 2/6/19 of Client #2's record revealed: -Admission date: 8/3/15 -Diagnoses: Mild Mental Retardation, Cerebral Artery Occlusion, Attention-Deficit Hyperactivity</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Disorder (ADHD), Asthma, Hemiplegia since birth, Adrenal Insufficiency, Diabetes Insipidus, Ptosis of eyelid, Cerebral Palsy -12/8/18, physician-ordered methylphenidate (Ritalin) LA, 30 milligrams (mg), once daily.</p> <p>Review on 2/6/19 of Client #2's 1/2019's MARs revealed: -1/4/19 and 1/5/19, staff initialed the methylphenidate had been administered to Client #2; -Written statement on back of 1/2019 MAR dated 1/4/19 and 1/5/19 at 8 am that Client #2's methylphenidate was not delivered to the home; -This statement was coded "D" for "Drug not given."</p> <p>Interview on 2/5/19 with Client #2 revealed: -He took medication that included Ritalin to "stay focused" and a medication for seasonal allergies; -He could not remember his other medications and what the other medications were for.</p> <p>Interview on 2/6/18 with the Qualified Professional revealed: -Client #2's father controlled getting this medication for Client #2 and was notified by staff when Client #2 was getting low to provide refills; -She had not realized the medication on the MAR was staff-initialed as administered when the drug was not in the facility; -She would discuss with Client #2's father the responsibility of the facility for Client #2's medication administration and review MAR documentation with facility staff to ensure accuracy.</p>	V 118		
V 119	27G .0209 (D) Medication Requirements	V 119		

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V 119	<p>Continued From page 4</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to dispose of discontinued and expired medications in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Review on 2/6/19 of Client #2's record revealed:</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>-Admission date: 8/3/15</p> <p>-Diagnoses: Mild Mental Retardation, Cerebral Artery Occlusion, Attention-Deficit Hyperactivity Disorder (ADHD), Asthma, Hemiplegia since birth, Adrenal Insufficiency, Diabetes Insipidus, Ptosis of eyelid, Cerebral Palsy</p> <p>-12/27/18, physician-prescribed desmopressin (Ddvp) 0.2 milligrams (mg) for Diabetes Insipidus, two tablets in the mornings and 2 tablets in the evenings.</p> <p>Observation on 2/5/19 at 11:45 am of Client #2's medications revealed:</p> <p>-One bottle of desmopressin with pharmacy label dispensed 12/28/17, an expired date of 12/28/18 and multiple tablets in the medication bottle.</p> <p>Interview on 2/5/19 with Client #2 revealed:</p> <p>-He took medication that included Ritalin to "stay focused" and a medication for seasonal allergies;</p> <p>-He could not remember his other medications and what the other medications were for.</p> <p>Interview on 2/5/19 with Staff #1 revealed:</p> <p>-Client #2 had two additional bottles of unexpired desmopressin with one bottle marked "am" for morning dosage and the other bottle marked "pm" for his evening dosage;</p> <p>-She would return the expired medication bottle back to the pharmacy.</p>	V 119		