

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2019
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NAME OF PROVIDER OR SUPPLIER DOWTIN'S THERAPEUTIC HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3912 WILLOW OAK ROAD RALEIGH, NC 27604
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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 31, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living</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		

DHSR-Mental Health
FEB 19 2019
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rose M. Dertin, Executive Director</i>	TITLE _____	(X6) DATE 2-15-19
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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 ensure one of two clients (#2) medications were administered on the written order of a physician. The findings are:</p> <p>Record review on 1/31/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 7/1/01 - diagnoses of Severe Intellectual Developmental Disorder; Impulse Control; History of Obesity; Anxiety; Depression and Diabetes (controlled) - a FL2 dated 4/6/18: Divalproex 500mg 1 morning & 2 bedtime (can be used to treat certain psychiatric conditions) - a physician's order dated 1/9/19: Loratadine 10mg in the morning (can treat allergy symptoms) <p>Observation on 1/31/19 at 12:08pm of client #2's medication box revealed:</p> <ul style="list-style-type: none"> - no Divalproex or Loratadine <p>Review on 1/31/19 of client #2's MAR revealed:</p> <ul style="list-style-type: none"> - the Divalproex was administered until 1/31/19 during the morning - no documentation of the Loratadine from January 9 - 31, 2019 <p>During interview on 1/31/19 the pharmacist reported:</p> <ul style="list-style-type: none"> - he received a call from a representative at the facility on 1/2/19 that the Divalproex was discontinued - the facility had enough Divalproex to last until 	V 118		
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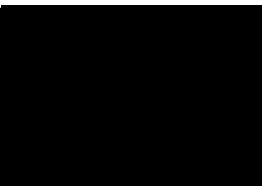
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V 118	<p>Continued From page 2</p> <p>(1/29/19)</p> <ul style="list-style-type: none"> - he will send the Divalproex today - there was no refills on the Loratadine however he will advance the facility 30 pills today <p>During interview on 1/31/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she does not believe anybody from her office requested client #2's Divalproex be discontinued - all client #2's medications are dispensed together in individual packets - she assumed the Divalproex was in the packet when she administered the medications - client #2 have a physician's appointment on 2/8/19 & she planned to see if client #2 needed to take the Loratadine - client #2 had no issues with allergies 	V 118	<p>- Beginning immediately, all bulk medications received will be checked thoroughly by 2 staff members before being placed in locked cabinets. The RN and Health & Safety inspector will be responsible for checking in all medications on a weekly basis. The AP will ck meds on a monthly basis.</p> <p>- On 2/8/19, client #2's Rx for Loratadine was renewed and filled. RN and Health & Safety inspector will monitor and refill or DC meds. as ordered on a weekly basis.</p>	

New Prescription

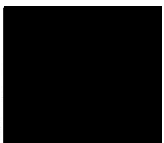


6318658

Issued By:
Supervisor:
Location:

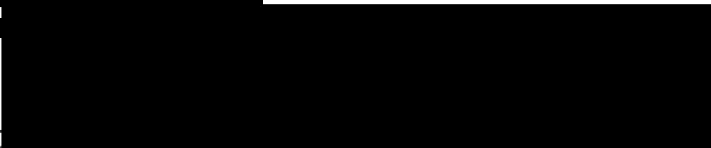


NPI#: [Redacted]
DEA#: [Redacted]
SPl#: [Redacted]
State License#: [Redacted]



Phone:

Patient Name:
Address:



Date Of Birth:

Prescriber Order Number: 2871101592000175275

Ref-Reference Number:

PRESCRIPTION AS FOLLOWS

Written: 02/08/2019 Exscript Expiration Date:

Medication NDC

Prescribed: Lorastadine 10 Mg Tablet

NDC: 00781-5077-01

chart

Medication Prescribed: lotastadine 10 mg tablet

Days Supply:

Quantity: 30.0000 Each (30.0000 Tablet)

Refills: 11 (additional refills)

Directions: Take 1 tablet (10 mg total) by mouth every morning As needed

Substitutions: Substitutions Allowed

Diagnosis/Use: (not specified)

Diagnosis Codes: J309

DEA Schedule:

Note:

copy

Sent: 2/8/19 10:06 AM

Received: 2/8/2019 10:07:30 AM

Printed 2/15/2019 2:26 PM

To: Health Park Pharmacy, LLC

Signed electronically by: [Redacted]

Sender Message ID: [Redacted]

Signed on Date: 2/8/19 10:06 AM

