

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2019
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NAME OF PROVIDER OR SUPPLIER LUNSFORD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAKE VIEW DRIVE MARION, NC 28752
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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 survey was completed on 2/7/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	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	V 118	v118 .0209 (c) Medication Requirements Attached to this report are the copies of medication Refills for Client #1. AFL Provider will also be re-trained in medication Administration. CCHC (licensee) will ensure the QP monitors this AFL Home more frequently and ensures medications are current. DHSR - Mental Health FEB 21 2019 Lic. & Cert. Section	02/07/19 03/01/19 02/07/19

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Daniel Merrill</i>	TITLE <i>VP Quality Assurance</i>	(X6) DATE <i>02/14/19</i>
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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure prescription drugs were available to be administered as ordered by the physician for 1 of 2 sampled clients (#1). The findings are:</p> <p>Observation on 2/7/19 at 1:30pm of the medications for Client #1 revealed: -Glucogen Hypokit 1mg as needed per directions, expired 12/2018. -ProAir 90mcg Inhaler, 2 puffs as needed as directed, expired 12/2018.</p> <p>Review on 2/7/19 of the record for Client #1 revealed: -Admission date of 3/10/14 with diagnoses of Diabetes, Emphysema, Mild Intellectual Development Disability, Major Depression, Borderline Personality Disorder, Schizoaffective Disorder, Allergic Rhinitis, Hypertension, Hyperlipidemia and Hypokalemia. -Physician orders dated 11/18/18 for Glucogen Hypokit 1mg as needed per directions and ProAir 90mg Inhaler 2 puffs as needed per directions.</p> <p>Review on 2/7/19 of the MAR for November 2018, December 2018, January 2019 and February 2019 for Client #1 revealed: -The Glucogen Hypokit or ProAir inhaler had not been administered.</p> <p>Interview on 2/7/19 with Client #1 revealed -She received her medications as ordered.</p>	V 118		

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V 118	Continued From page 2 Interview on 2/7/19 with the Alternative Living Family (AFL) provider revealed: -She did not realized the medications were expired. -Both medications were used as needed and Client #1 had not used these two medications in a long time. -She should have checked the medications to ensure they were current. -She would re-order the medications from the pharmacy.	V 118		

▲ 2/13/19

PSA NURSINGHOME PHARMACY

Page 1

COMMUNITY COMPANION HOMECARE#7 Shipping Report for One Nursinghome
 49A STATE STREET Ship Dates-Time: 2/07/19-00:01 - 2/13/19-12:27
 MARION NC 28752 828-301-3920 ALL DRUGS

Rx Num	Patient Name	Qty	Medication	Doctor
447615	[REDACTED]	1.0	GLUCAGEN HYPOKIT 1MG INJ	WALL, ANTOINETT
447616	[REDACTED]	8.5	PROAIR HFA 90MCG/INH INH	WALL, ANTOINETT

Signed _____

Print Name: (Required) _____

Date _____ Time _____

*Rx's updated by physician
 & billed for client*

7 GLENN BRIDGE ROAD
ARDEN, NC 28704
Telephone: 828-684-3949

ORIGIN: ELECTRONIC
ID: BW0777803
NPI: 1871544791
Fax: 828-684-2330
Home: 828-738-3192
Sex: F
Date Written: 6/29/18
Rx Number: 447616

C/O CAROLYN LUNSFORD
MARION, NC 28752

PROAIR HFA 90MCG/INH INH AER GM # 8.5

SIG: USE 2 INHALATIONS ORALLY AS NEEDED.
USED FOR VENTOLIN

Estimated Days Supply: 030

I authorize this fill plus 003 more refills.

A WALL MD MD
Product Selection Permitted Dispense as Written

7 GLENN BRIDGE ROAD
ARDEN, NC 28704
Telephone: 828-684-3949

ORIGIN: ELECTRONIC
ID: BW0777803
NPI: 1871544791
Fax: 828-684-2330
Home: 828-738-3192
Sex: F
Date Written: 6/29/18
Rx Number: 447615

C/O CAROLYN LUNSFORD
MARION, NC 28752

GLUCAGEN HYPOKIT 1MG INJ KIT # 1

SIG: USE AS DIRECTED
BB#421-490

Estimated Days Supply: 030

I authorize this fill plus 002 more refills.

A WALL MD Product Selection Permitted MD Dispense as Written