

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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 complaint survey was completed on February 25, 2019. The complaint was substantiated (intake #NC 00145258). A deficiency was 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 119	<p>27G .0209 (D) Medication Requirements</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>	V 119		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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 119	<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 dispose of discontinued and expired medications in a manner which guarded against diversion or accidental ingestion. The findings are:</p> <p>Review on 2/22/19 of Client #3's record revealed: Date of admission: 8/30/99 Diagnoses: Moderate Intellectual Developmental Disability (IDD), Osteoporosis, Allergic Rhinitis, Mild Hypothyroidism -1/24/19, physician-ordered cold and allergy relief medication, 1 tablet at onset of symptoms, dissolve in mouth, repeat every 3 hours until symptoms gone.</p> <p>Review on 2/22/19 of Client #6's record revealed: Date of admission: 6/6/18 Diagnoses: Down's syndrome, Attention-Deficit Hyperactivity Disorder (ADHD), Hyperlipidemia -5/20/18, physician-ordered methylphenidate (Ritalin) Long-Acting (LA) 30 milligrams (mg) once daily with physician order on 2/15/19 to decrease to 10 mg twice daily to treat ADHD; -2/21/19, a physician's note which ordered Client #6 to continue with current medications.</p> <p>Observation on 2/22/19 at 10:10 am of Client #3's medications revealed: -An over-the-counter brand of cold and allergy relief medication with an expiration date of 9/2018.</p> <p>Observation on 2/22/19 at 10:05 am and 10:30 am of Client #6's medications revealed:</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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 119	<p>Continued From page 2</p> <p>-One bottle of methylphenidate LA 30 mg with a dispense label dated 11-8-18 and 3 capsules remaining in the medicine bottle; -The methylphenidate LA 30 mg was stored in the same medication bin with Client #6's non-controlled medications.</p> <p>Interview on 2/21/19 with Client #6 revealed: -He had gone to the doctor today because of some confusion about his medicine and the doctor put him on low dose of cholesterol medicine; -He took other medication prescribed by the doctor but could not remember the names of the medications or what he took them for.</p> <p>Interview on 2/22/19 with the House Manager revealed: -Client #6's bottle of methylphenidate LA 30 mg was filled by a pharmacy that Client #6's father used until Client #6 could get set up with a local physician for his medication; -Client #6's methylphenidate dosage was decreased in 2/2019 from 30 mg once daily to 10 mg twice daily and this medication was placed in a locked box because it was a controlled medication; -He would contact the pharmacy used by the facility and arrange to send Client #6's bottle of methylphenidate LA 30 mg to the pharmacy for proper disposal.</p>	V 119		