

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BARNES GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 RILEY ROAD KINSTON, NC 28504
---	---

(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 27, 2019. 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 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		

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: MHL054-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BARNES GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 RILEY ROAD KINSTON, NC 28504
---	---

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#1). The findings are:</p> <p>Review on 02/27/19 of client #1's record revealed: - 30 year old male. - Admission date of 12/26/17. - Diagnoses of Schizoaffective Disorder, Gastroesophageal Reflux Disease (GERD), Asthma, Mental Retardation, Alcoholism</p> <p>Review on 02/27/19 of a medication review for client #1 signed by a Primary Care Physician and dated 11/26/18 revealed: - Seroquel Extended Release (XR) - 400 milligrams (mg) once daily. - Zyprexa- 10mg once daily. - Zyprexa- 10mg as needed (PRN)</p> <p>Review on 02/27/19 of client #1's February 2019 MAR revealed: - Seroquel XR 400mg-Take 1 tablet by mouth every day. - Zyprexa 20mg- Take ½ tablet (10mg) by mouth every day. - Zyprexa 10mg- Take 1 tablet every 12 hours as needed. - Staff initials indicate the Seroquel XR and Zyprexa 20mg (1/2 tab) were both administered as ordered 02/01/19 thru 02/27/19. No staff initials were present for Zyprexa 10mg (PRN).</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BARNES GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 RILEY ROAD KINSTON, NC 28504
---	---

(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 118	<p>Continued From page 2</p> <p>Review on 2/27/19 of fax received from local pharmacy revealed: - Copy of order received by fax at 2:20pm on 2/27/19 stated "Per email from [Prescriber] on 2/19/19 - continue her current regimen. D/C (discontinue) Zyprexa 10mg QD (once a day) and Seroquel ER (Extended Release) 400mg QD."</p> <p>Observation on 02/27/19 of client #1's medications revealed: - No Seroquel XR 400mg available for administration. - No Zyprexa 20mg available for administration. - Zyprexa 10mg (PRN) available for administration.</p> <p>Interview on 2/26/19 client #1 stated: - He had been with facility for "a little while." - He was uncertain if he was receiving the proper amount of Seroquel. - He had no additional concerns.</p> <p>Interview on 02/27/19 staff #7 stated: - She was not able to locate Seroquel XR 400mg for client #1. - Staff had been using Zyprexa PRN bubble packs in place of Zyprexa daily bubble pack. - She was unable to locate empty bubble packs in medication cabinet. - She had contacted local pharmacy for clarification on Seroquel XR 400mg order, as physician discussed discontinuing medication. She was awaiting response.</p> <p>Interview on 2/27/19 Director stated: - She was unable to locate empty bubble packs in medication cabinet. - She contacted local pharmacy for clarity on order. Pharmacy stated Zyprexa 10mg, once daily</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BARNES GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 RILEY ROAD KINSTON, NC 28504
---	---

(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 118	<p>Continued From page 3</p> <p>and Seroquel ER 400mg once daily should be discontinued. Pharmacy also stated Zyprexa 10mg order had last been filled for 30 day supply on 12/03/18. Seroquel 400mg. order had last been filled for 30 day supply on 1/07/19.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		