

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2019
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NAME OF PROVIDER OR SUPPLIER LYONS ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 804 AURELIAN SPRINGS ROAD ROANOKE RAPIDS, NC 27870
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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 & complaint survey was completed on 3/4/19. The complaint was unsubstantiated Intake #NC00147383. 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</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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, record review and interview the facility failed to ensure medications were administered on the written order of a physician and MARs were kept current for 1 of 2 clients (#2). The findings are:</p> <p>A. Record review on 2/28/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 12/7/09 - diagnoses of Moderate Intellectual Disability & Attention Deficit Hyperactivity Disorder (ADHD) & recent diagnosis of Systemic Lupus - physicians orders dated: (12/15/18): Hydroxychloroquine 200mg 1.5 gtube (can treat lupus); Clonidine 1mg (6/11/18): can treat ADHD & cancer pain; 2/23/19: (Methylphenidate 20mg in the morning (can treat ADHD); (2/14/19): Omeprazole 10ml gtube (can treat gastroesophageal reflux disease) & Clobazam 2.5 10ml at bedtime (can treat seizures) <p>Observation on 2/28/19 at 12:26pm revealed the following:</p> <ul style="list-style-type: none"> - empty medication bottle for Methylphenidate - the medication was filled on 2/23/19 <p>Review on 2/28/19 of client #2's February 2019 MAR revealed:</p> <ul style="list-style-type: none"> - the Methylphenidate was signed from February 1-28 <p>During interview on 2/28/19 a representative with the pharmacy reported:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - pharmacy waiting on prior authorization from the physician to refill the Methylphenidate - the medication was filled on 2/23/19 with 3 pills - the pharmacy can dispense 3 pills at a time until the prior authorization was received <p>During interview on 2/28/19 the Licensee reported:</p> <ul style="list-style-type: none"> - the physician has not submitted the prior authorization for the Methylphenidate for client #2 - she contacted the physician's office today in the present of the surveyor and a representative reported the prior authorization was awaiting the physician's signature - the pharmacy was dispensing 3 Methylphenidate at a time - she administered the last one this morning to client #2 <p>B. Review on 2/28/19 of client #2's February 2019 MAR revealed the following:</p> <ul style="list-style-type: none"> - the medications Hydroxychloroquine, Clonidine & Clobazam was not signed from February 21-28 <p>During interview on 2/28/19 the Licensee reported:</p> <ul style="list-style-type: none"> - client #2 has received all her medications - she did not sign the MAR after administering the medication <p>"Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered bh the physician"</p>	V 118		