

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2019
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NAME OF PROVIDER OR SUPPLIER CATAWBA COUNTY GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 401 NORTH FOURTH AVENUE MAIDEN, NC 28650
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/20/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and 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</p>	V 118	<p>DHSR - Mental Health</p> <p>MAR 14 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kareli D. D. D.

3/8/19

TITLE
IDO Services Director

(X6) DATE



March 8, 2019

Dear Ms. Samford,

Please consider the plans of correction for the following deficiency:

- Deficiency #1 - 10A NCAC 27G .0205 Emergency Plans and Supplies

Deficiency #1 - 10A NCAC 27G .0209 Medication Requirements

Review of MAR from December 2018 - February 2019 revealed:

Cyanocobalamin was not initialed as administered at all in December.
Glucophage was not initialed as administered for 12/20/18 pm dose.
Milk Thistle was not initialed as administered for 1/8/19 8am dose, 1/19/19 3pm dose and 1/21/19 10pm dose.
Activia Light was not initialed as administered for 1/21/19 pm dose.
Lamotrigine was not initialed as administered for 1/17/19, 1/21/19 or 1/31/19.

Levetiracetam was not initialed as administered for 1/24/18 pm dose.
Exelon was not initialed as administered for 1/16/18 am dose.
Calcium with D was not initialed as administered for 12/12/18-am dose; 1/8/19-5pm dose; 1/17/19-8pm dose; 1/25/19-5pm dose or 2/19/19 -8pm dose.
Risperdal was not initialed as administered for 12/12/18 am dose; 1/17/19 pm dose; 1/18/19 pm dose or 1/31/19 am and pm doses.
Carbitrol ER was not initialed as administered for 12/12/18 am dose or 1/17/19 pm dose.
Metronidazole was not initialed as administered for 12/12/18 am dose; 1/8/19 am dose or 1/31/19 pm dose.
Systane Ultra Ophthalmic was not initialed as administered for 12/12/18 am dose.

The following correction has been implemented:

Starting February 2019 new/revised MAR sheet has been developed and implemented to track all medications in greater detail in the Maiden IDD Group Home. A copy of the new MAR sheet has been included.

The week of February 25th, 2019 Group Home Manager in-serviced all full time and part time staff on the new MAR sheet and the importance of correct medication documentation. This in-service will be on going to ensure that PRN staff providing coverage in the home are included as well.

IDD Program QP will in-service and review medication documentation in our monthly staff meeting on March 20th, 2019 for all IDD Residential staff.

Group Home Manager and Program Director will monitor monthly MAR sheets. Monitoring will take place monthly.

Respectively Submitted,

Kandi L. Dubuque

Catawba Valley Behavioral Healthcare

IDD Services Director

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