

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-039 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/22/2019 |
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| NAME OF PROVIDER OR SUPPLIER DEEP CREEK/ANDREWS HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 19704 HIGHWAY 19 ANDREWS, NC 28901 |
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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 survey was completed on 3/22/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals of all Disability Groups/Mental Illness.</p> | V 000 | | |
| V 121 | <p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6 months for 3 of 3 audited clients (#1, #2,#3). The findings are:</p> <p>Observation on 3/21/19 at approximately 1:00pm of the medications for Client #1 included: -Prazosin 2mg, 2 caps at bedtime.</p> | V 121 | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 121 | <p>Continued From page 1</p> <ul style="list-style-type: none"> -Trazadone 100mg 1 tablet daily. -Fluoxetine 10mg 1 tablet each morning. -Abilify 20mg ½ tablet daily. -Fluoxetine 20mg 1 cap with the 10mg dose. <p>Observation on 3/21/19 at approximately 1:15pm of the medications for Client #2 included:</p> <ul style="list-style-type: none"> -Olanzapine 5mg 1 tablet daily as needed. -Olanzapine 10mg 1 tablet at bedtime. -Divalproex Sodium DR 500mg 2 tablets at noon and 1 tablet in the evening. -BENZTROPINE 1mg 1 tablet at bedtime. -Risperidone 3mg 1 tablet at bedtime. -Prazosin 2mg 2 tablets before bedtime. <p>Observation on 3/21/19 at approximately 1:35pm of the medications for Client #3 included:</p> <ul style="list-style-type: none"> -Risperidone 2mg 1 tablet daily. -Benzotropine 1 mg 1.5 tablets 2 times daily. -Risperidone 1mg 1 tablet daily. -Prazosin 1 mg 1 tablet at bedtime. -Guanfacine 1mg 1 tablet 3 times a day. -Vyvanse 50mg 1 cap daily. <p>Review on 3/21/19 and 3/22/19 of the record for Client #1 revealed:</p> <ul style="list-style-type: none"> -Admission date of 8/6/13 with diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Sex Abuse of Child, Moderate Intellectual Disability and Fetal Alcohol Syndrome. -Drug regimen review completed on 12/28/17 and 9/11/18. <p>Review on 3/21/19 and 3/22/19 of the record for Client #2 revealed:</p> <ul style="list-style-type: none"> -Admission date of 1/3/12 with diagnoses of Post-Traumatic Stress Disorder, Pedophilia, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Histrionic Personality | V 121 | | |

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| V 121 | <p>Continued From page 2</p> <p>Disorder. -Drug regimen review completed on 12/28/17 and 9/11/18.</p> <p>Review on 3/21/19 and 3/22/19 of the record for Client #3 revealed: -Admission date of 8/6/13 with diagnoses of Conduct Disorder, Paraphilia, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Borderline Intellectual Functioning. -Drug regimen review completed on 12/28/17 and 9/11/19.</p> <p>Interview on 3/21/19 with the Associate Professional / Qualified Professional revealed: -He was new to the position and still learning the process. -The drug reviews should be filed in the primary record which was in the main office.</p> <p>Interview on 3/22/19 with the Office Manager revealed: -The facility should be scheduled for a drug review this month. -The 6 month review was missed last year.</p> | V 121 | | |