

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/01/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CYRUS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 GINGER LAKE COURT</b> <b>ZEBULON, NC 27597</b>
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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 and follow-up survey was completed 3/1/19. 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 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure an expired medication was disposed of to guard against accidental ingestion for 1 of 2 clients (#2). The findings are:</p> <p>Observation on 2/28/19 at approximately 1:20 PM of client #2's medications revealed over the counter Vitamin D-3 5000 IU had expired 9/2018. No purchase date was available.</p> <p>Review on 2/28/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 2011</li> <li>- diagnoses including Profound Intellectual Developmental Disability and Seizure Disorder</li> <li>- a physician's order dated 12/8/18 with instructions for client #2 to be administered 1 Vitamin D-3 capsule daily</li> <li>- medication administration records for December 2018, January 2019 and February 2019 with documentation reflecting the medication had been administered daily</li> </ul> <p>During an interview on 2/28/19, the Administrator reported she was not aware the medication was expired. The Administrator reported she may have poured the capsules into an old bottle.</p>	V 119		