

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>663 MOULTON ROAD</b> <b>LOUISBURG, NC 27549</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>A follow-up survey was completed 2/21/19. A deficiency was cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	{V 000}		
{V 118}	<p><b>27G .0209 (C) Medication Requirements</b></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}	<p><b>DHSR - Mental Health</b></p> <p><b>MAR 26 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p><i>SEE ATTACHED</i></p>	

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



TITLE (X6) DATE

*EXECUTIVE DIRECTOR / O.P.*

*2/22/19*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>663 MOULTON ROAD</b> <b>LOUISBURG, NC 27549</b>		
(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}	Continued From page 1  This Rule is not met, as evidenced by: Based on observation, record review and interviews, the governing body failed to assure medications were administered on the written order of a person authorized to prescribe medications for one of three clients (#1). The findings are:  Review on 2/21/19 of client #1's record revealed: - admission date 5/6/08 - an FL2 dated 2/12/18 with diagnoses including Moderate Intellectual and Developmental Disabilities and Diabetes- - a nurse practitioner's order dated 11/29/18 for Novolog sliding scale insulin with instructions to administer the following: blood sugar less than 80 = 0 units; 81-100 = 2 units; 101-150 = 4 units; 151-200 = 5 units; 201-300 = 7 units; greater than 300 = 8 units twice daily at breakfast and supper Monday through Friday; three times a day at each meal on Saturday and Sunday.  Review on 2/12/19 of client #1's diabetic supply box revealed the sliding scale instructions that had been transcribed onto an index card that indicated that if client #1's blood sugar measured between 101 - 150, 3 units of sliding scale insulin should be administered. The rest of the instructions read as on the signed physician's order.  Review on 2/14/19 of client #1's blood sugar readings from 1/4/19 to 2/12/19 revealed client	{V 118}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>663 MOULTON ROAD</b> <b>LOUISBURG, NC 27549</b>
--	--

(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>#1's sliding scale insulin had been administered incorrectly 16 times when her blood sugar measured between 101 - 150; 3 units were administered instead of the prescribed 4 units.</p> <p>During an interview on 2/14/19, the Lead Staff reported she transcribed client #1's order instructions incorrectly onto the index card in the diabetic supply box.</p> <p>During an interview on 2/19/19, staff #1 reported:</p> <ul style="list-style-type: none"> <li>- she had participated in a diabetes class since the December 2019 survey</li> <li>- client #1's blood sugar was checked twice daily and once prior to bed during the week</li> <li>- she administered client #1's sliding scale insulin according to the directions written on an index card by Lead Staff rather than by the physician's order</li> <li>- she received supervision from Qualified Professional #2 (QP#2)</li> </ul> <p>During an interview on 2/19/19, QP#2 reported:</p> <ul style="list-style-type: none"> <li>- he had participated in an in-service about insulin and diabetes</li> <li>- he went to the facility about once a month to review behavior plans, service plans and other paper work</li> <li>- he provided supervision for staff but not lead staff or supervisors</li> <li>- he check MARs to make sure nothing was left blank but he did not look at medications</li> <li>- he sometimes looked at physician's orders and the blood sugar log sheet</li> <li>- he is getting more familiar with client #1's sliding scale now; he asks the staff if he has questions about the blood sugar log</li> </ul>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>663 MOULTON ROAD LOUISBURG, NC 27549</b>
--	--

(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>During an interview on 2/14/19, the Executive Director/ Qualified Professional #1 (Executive Director) reported:</p> <ul style="list-style-type: none"> <li>- she offered supervision to assigned staff in the facility</li> <li>- she reviewed documentation once monthly</li> <li>- she checked the MARs to make sure there were no blanks and made sure staff followed up correctly if               <ul style="list-style-type: none"> <li>client #1's blood sugar measured 300 or higher</li> </ul> </li> <li>- she had not noted any discrepancies</li> </ul> <p>During an interview on 2/19/19, the Registered Nurse (RN) reported she provided updated diabetes training on 12/26/18. The RN reported she had completed one monitoring visit at the facility since the training. The RN reported her focus was on when client #1's blood sugar level measured above 300 to assure staff did an additional blood sugar level check and contacted the physician as needed. The RN reported she did not check the units administered to be sure the sliding scale instructions were followed.</p> <p>Review on 2/21/19 of a Plan of Protection completed 2/21/19 and signed by the Executive Director revealed:</p> <p>What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm?</p> <p>Medications administered in the home will be administered as prescribed by the physician. The RN will implement a system whereby the doctor's order is checked and verified by the pharmacy label and MAR prior to delivery. No other</p>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>663 MOULTON ROAD</b> <b>LOUISBURG, NC 27549</b>		
(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}	Continued From page 4  administrative process will be acceptable without the RN's authority. Any deviation from this process (i.e.: use of an index card) will be grounds for corrective action as poor job performance. Any non-approved systems (i.e.: index cards) will be removed immediately (2/12/2019).  Any updated home diabetic chart form has been implemented 2/15/19 to place insulin scale on the documentation form completed by staff.  The RN will complete additional training 2/22/19 to further explain process of medication verification specifically as it pertains to insulin. She will re-integrate that deviations from the approves administrative methods only can be approved by RN.  Describe your plans to make sure the above happens.  The QP's will check the MARs monthly, line by line, to assume proper administration of all medication, most particularly insulin. Any error found will be highlighted, a med error form completed, and corrective action done with staff who were trained. The QP's will stagger the monthly visits. The RN will continue to check the MAR no less than no less than quarterly. This includes the Home Diabetic Chart form.  Client #1, diagnosed with diabetes, was administered the wrong dose of a sliding scale insulin 16 times between 1/4/19 and 2/14/19. Although the most current order for the sliding scale insulin was available in the record, three levels of supervision, beyond the staff member that incorrectly transcribed the dosage information, were unaware of the errors until the	{V 118}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>663 MOULTON ROAD</b> <b>LOUISBURG, NC 27549</b>
--	--

(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}	Continued From page 5  survey. Receiving the wrong dose of insulin was detrimental to the health, safety and welfare of client #1. This is an Imposed Type B rule violation. An administrative penalty of \$200.00 per day will be assessed for each day beyond the 30th day the deficiency remains out of compliance.	{V 118}		

# Plan of Correction

---

*Date of Correction: February 22, 2019*

**Deficiency Cited:** V118: 10A NCAC 27G.0209 Medication Requirements. This rule was not met as evidenced by; Based on observation, record review and interview, the governing body failed to assure medications were administered on the written order of a person authorized to prescribe medications for one of three clients.

Review on 2/12/2019 of client #1's diabetic supply box revealed the sliding scale instructions that had been transcribed onto an index card that indicated that if client's blood sugar measured 101 – 150, 3 units of sliding scale insulin should be administered. The physician's order stated 4 units for this level of blood sugar. The rest of the instructions read as on the signed physician's orders. This transcription error resulted in incorrect insulin administration on 16 occasions.

**Provider's Plan of Correction:** D. D. Residential Services Inc. will assure that all medications are administered based on the physician's orders. A Plan of Protection was implemented 2/21/2019 which included the following interventions and remains current and effective:

- Immediate destruction of any incorrectly transcribed administration systems, i.e. Index cards – effective 2/12/2019
- Staff deviating from appropriate Medication Administration Protocol will receive corrective action – this was completed 2/19/2019
- Additional training for all home staff, and Qualified Professionals to enforce the only acceptable system to administer medications which is checking the doctor order by the pharmacy label and MAR – this training occurred 2/22/2019
- An Updated Home Diabetic Chart was implemented – 2/15/2019
- The QPs will check all residents MARs monthly, line by line, on staggered dates to assure proper implementation of the MAR by all staff administering medication.
- The RN will check the MARs and Home Diabetic Chart form no less than quarterly to assure proper implementation of MAR and approved systems.

**Responsible Parties:** Direct Support Professionals, Qualified Professionals, RN, Executive Director, Residential Manager, and Quality Improvement Team auditing the home.

Provider Signature: \_\_\_\_\_



**D. D. Residential Services, Inc.**  
**Administrative Office**  
**Post Office Box 88**  
**Henderson, North Carolina 27536**  
**(252) 438-6700 Fax (252)438-6720**

DHSR - Mental Health

March 18, 2019

MAR 26 2019

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Lic. & Cert. Section

Dear Sir/Madam,

Please find enclosed the plan of correction for the Type B rule violation *imposed* level deficiency cited at the Franklin County Group Home, Located at 663 Moulton Road, Louisburg, NC 27549. This is in conjunction with MHL #: 035-035.

The Plan of Protection was completed 2/21/2019 and a letter faxed to Renee Kowalski-Ames on 2/22/2019 stating that the deficiency had been corrected and invited a return effective 2/22/2019. Ms. Kowalski-Ames left a voicemail stating that she was in acknowledgement of this invitation to return on 2/26/2019. This invitation stands.

You shall find upon return that the deficiency cited has been addressed globally and the correction has been made February 22, 2019. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback, and welcome your return.

Sincerely,



Jacinta Johnson  
Executive Director

**Franklin County Group Home**  
**Vance Adult Group Home**  
**Warren County Group Home**

**Graham Ave Group Home**  
**Louisburg Group Home**  
**Oxford Group Home**  
**Roanoke Avenue Group Home**

