


PRINTED: 03/15/2019  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHWOOD GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2708 NORTHWOOD DRIVE GOLDSBORO, NC 27534</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	<b>INITIAL COMMENTS</b>  An annual survey was completed on March 14, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	<b>27G .0209 (C) Medication Requirements</b>  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		Computer will be completely shut down at least weekly to allow for system updates as advised by the Pharmacy. The QP and Group Home Manager will monitor weekly.  Staff will be re- inserviced in Medication Administration and QuickMAR by the agency nurse. Blue Ridge Pharmacy will provide additional online trainings for QuickMAR available for staff to review.  Shift Change reports will be updated to include reviewing QuickMAR at the end/beginning of each shift. The nurse and group home manager will monitor to ensure these are completed throughout the month.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*John Z - Howell*

TITLE *CEO/Member* (X6) DATE *3-26-2019*

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V 118	Continued From page 1  This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration for 3 of 3 audited clients (#1, #2, and #3). The findings are:  Review on 3/14/19 of client #1's record revealed: - 44 year old female admitted to the facility 9/23/02. - Diagnoses of Post Traumatic Stress Disorder, Moderate Intellectual Disability, Obesity, Hypothyroidism, Gastroesophageal Reflux Disease, and Depression. - Physician's orders signed 1/22/19 for Systane Eye Drops .3/4% (for dry eye relief ) one drop to each eye three times daily.  Review on 3/14/19 of client #1's MARs for January - March 2019 revealed: - Transcribed entry for Systane Eye Drops, one drop to each eye three times daily at 8:00 am, 4:00 pm, and 8:00 pm. - No staff documentation that the eye drops were administered at 8:00 am 2/14/19 and 1/28/19. - No staff documentation that the eye drops were administered at 4:00 pm 3/2/19, 3/3/19, 3/6/19, 2/1/19 - 2/9/19, 2/11/19 - 2/17/19, and 1/28/19 - 1/31/19. - No documented explanation for the omission of client #1's eye drops.  During interview on 3/14/19 client #1 stated staff helped her with her medications daily and she had not missed any medications.	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 3/14/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 58 year old female admitted to the facility 9/12/03.</li> <li>- Diagnoses of Severe Intellectual Disability, Psychotic Disorder, Not Otherwise Specified (NOS), Mood Disorder NOS, Constipation, Dysmenorrhea, and Seborrheic Dermatitis.</li> <li>- Physician's orders signed 1/10/19 for bisacodyl (a laxative) 5 milligrams (mg) 2 tablets (10 mg) daily; buspirone (can treat anxiety) 30 mg 1/2 tablet (15 mg) three times daily, docusate (a stool softener) 100 mg 2 tablets (200 mg) daily, and hydroxyzine (antihistamine, can be used to treat anxiety and allergy symptoms) 10 mg one tablet every morning.</li> </ul> <p>Review on 3/14/19 of client #2's MARs for January - March 2019 revealed:</p> <ul style="list-style-type: none"> <li>- Transcribed entries for medications as ordered.</li> <li>- No staff documentation that bisacodyl was administered 3/5/19, or 2/14/19.</li> <li>- No staff documentation that buspirone was administered at 8:00 am 3/5/19, or at 2:00 pm 3/9/19.</li> <li>- No staff documentation that docusate was administered 3/5/19.</li> <li>- No staff documentation that hydroxyzine was administered 2/27/19 or 1/9/19.</li> <li>- No documented explanation for the omission of the medications.</li> </ul> <p>Client #2 was not available for interview 3/14/19 due to a medical procedure.</p> <p>Review on 3/14/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 33 year old female admitted to the facility 3/1/19.</li> <li>- Diagnoses included Moderate Intellectual Disability, Anxiety Disorder NOS, Depression</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>NOS, Traumatic Brain Injury (TBI), Trigeminal Neuralgia, Polycystic Ovarian Syndrome, Borderline Diabetes, Hypothyroidism, Asthma, Seasonal Allergies, Hirsutism, Hereditary Motor and Sensory Neuropathy Type IV, Chronic Constipation, Speech Apraxia, and Motor Disorder related to TBI at birth.</p> <ul style="list-style-type: none"> <li>- Physician's orders signed 2/28/19 for cetirizine (antihistamine used to treat allergy symptoms) 10 mg one tablet daily, and fluticasone nasal spray (a steroid used to prevent asthma attacks) 50 micrograms 2 sprays to each nostril daily.</li> </ul> <p>Review on 3/14/19 of client #3's MARs for January - March 2019 revealed:</p> <ul style="list-style-type: none"> <li>- Transcribed entries for medications as ordered.</li> <li>- No staff documentation that cetirizine was administered 3/5/19.</li> <li>- No staff documentation that fluticasone nasal spray was administered 3/5/19.</li> <li>- No documented explanation for the omission of the medications.</li> </ul> <p>During interview on 3/14/19 client #3 stated staff assisted her with her medications daily, "that's why I have them," and she had not missed any medications since her admission. She got nasal spray for allergies.</p> <p>During interview on 3/14/19 staff #1 stated one of her responsibilities was to administer medications. Medications were always available.</p> <p>During interview on 3/14/19, the Registered Nurse stated the facility began using online/electronic MARs in mid-November 2018. She did not see staff initials on the January - March 2019 MARs indicating administration of the medications as listed above. She did not have an explanation for the missing documentation.</p>	V 118		

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V 118	Continued From page 4  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		

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# Fax

**To:** MH Licensure and Certification Section    **From:** Melinda Gardner  
NC DHSR

**Fax:** 919-715-8078    **Pages:**

**Phone:**    **Date:** 3/26/19

**Re:** POC for MHL# 096-099    **CC:**

- Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

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