

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
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NAME OF PROVIDER OR SUPPLIER GRIFFING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 DUNBROOK COURT RALEIGH, NC 27604
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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 March 21, 2019. A deficiency was cited.</p> <p>This facility is licensed fore the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.</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 with a physician.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure medications were administered on the written authorization of a physician for two of three clients (#1,#2) as well as assure MARs were accurate for one of three clients (#1). The findings are:</p> <p>I. MAR not accurate Review on 03/21/19 of client #1's record revealed: -Admitted: prior to 1997 -Diagnoses included Severe Mental Retardation, hearing loss and history of seizures -March 2019 MAR indicated medication for 03//19 and 3//19 were initialed as administered</p> <p>Observation on 03/21/19 at 4:00 PM of client #1's medication revealed: -All meds were predisposed by day in a weekly bubble packet prepared by the pharmacist -Medications were labeled for administration Sunday 03/1/19 through Saturday 03/23/19 -The medications prepackaged for Sunday PM and Monday AM remained in the bubble packet -Other bubble packets for the month of March did not have any missing medications *Based on the conflicting information from the MAR and the medications remained in the packet, there was no way to verify client #1 actually received his medications</p> <p>During interview on 03/21/19, staff #2 reported: -She administered the medications</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Due to a mix up in the bubble packets dates, medications were administered from another bubble packet</p> <p>II. Review on 03/21/19 of client #2's record revealed:</p> <p>-Admitted: 09/1981</p> <p>-Diagnoses included Severe Mental Retardation, Explosive Disorder, Autism, Seizure Disorder, GERD (Gastroesophageal Reflux Disease), Allergies and Bipolar</p> <p>-January - March 2019 MARs initialed to indicate Esomeprazole 40 mg one daily, Fexofenadine 180 mg on one daily, Prozac one 20 mg tablet every other day, two tabs every other day, Risperdal 3 mg one tablet three times a day, Lamotrigine 200 mg 1/2 tablet in AM and one tablet at PM, Levetiracetam 500 mg one tablet twice a day, Synthroid 100 mcg one tablet in AM, Montelukast 10 mg one tablet in AM were administered</p> <p>-No physician's orders for the above medications noted on the January-March 2019 MARs</p> <p>Observation on 03/21/19 at 4:15 PM of client #2's medications revealed Prozac 10 mg three tabs in AM.</p> <p>*Based on the conflicting information from the MAR and the label on the medication packet for client #2 paired with no physician's orders, there was no conclusive way to determine what the actual dosage of Prozac should have been.</p> <p>During interview on 03/21/19, the Licensee/Registered Nurse reported:</p> <p>-Physician's orders were sent directly to the pharmacy</p> <p>-She did not have copies of all physician's orders</p>	V 118		

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