Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING 03/28/2019 MHL041-613 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7311-A FRIENDSHIP CHURCH ROAD M & S SUPERVISED LIVING, LLC BROWNS SUMMIT, NC 27214 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 3/28/2019. 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 118 V 118 27G .0209 (C) Medication Requirements 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 DHSR - Mental Health (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be Lic. & Cert. Section 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 (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. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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STATE FORM

PRINTED: 03/29/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ MHL041-613 B. WING 03/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7311-A FRIENDSHIP CHURCH ROAD M & S SUPERVISED LIVING, LLC **BROWNS SUMMIT, NC 27214** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medication administration was documented immediately following administration affecting 2 of 3 audited clients (#1 & #3). The findings are: QP will review all MARs during 1st 4/8/19 shift Monday through Friday Review on 3/27/2019 of client #1's record revealed: between the hours of 7:30 am -- Admission date: 7/1/2016 8:15 am to ensure medications - Diagnoses: Attention Deficit-Hyperactivity Disorder; Autistic Spectrum Disorder; Moderate were administered and documented Intellectual Disabilities; Seizure Disorder; Allergic for the PM doses from the previous Rhinitis; Eczema; and Mixed Receptive/Expressive Language Disorder; night and the current AM doses as - Physicians orders for the following medications: specified by the North Carolina Calcium + Vitamin D3 600 milligrams (mg), Administrative Code guidelines 1 tablet every day (QD), dated 8/3/2018; - Vitamin B-6 100 mg, 1 tablet QD, dated 27G.0209. QP will reinforce and conduct 4/13/19 - Vitamin D-3 400 IU (international units), 1 tablet QD, dated 7/27/2018; training for all current M&S staffers - Clorazepate (Tranxene) 7.5 mg, 1 tablet centered on the medication twice daily (BID) for anxiety, dated 7/27/2018; administration and dispensing rules - Divalproex sodium ER 500 mg, 1 tablet BID, plus 250 mg, 1 tablet BID (to be taken together to outlined in 10A NCAC 27G,0209 equal 750 mg BID), dated 5/15/2018;

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7/27/2018; and

BID, dated 6/11/2018.

- Zonisamide 100 mg, 2 tablets (=200 mg)

- Zonisamide 100 mg, 3 tablets (=300 mg)

- TCA 0.1% Eucerin cream, apply to rash

every night at bedtime (QHS), dated 7/27/2018; - Levocarnitine 330 mg, 1 tablet BID, dated

every morning (QAM), dated 4/12/2018;

sections A through H.

evidenced by M&S staffer

signature and date of training.

Acknowledgment of participation

in aforementioned training will be

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MHL041-613	B. WING		03/2	8/2019						
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE								
7311-A FRIENDSHIP CHURCH ROAD												
M & S SU	PERVISED LIVING, LLC	BROWN	S SUMMIT, NC	27214								
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE							
V 118	Continued From page 2		V 118	M&S staffers are to report to the QP 4/13/		4/13/19						
				immediately if the MAR has not								
	Review on 3/27/2019	of client #1's MARs dated		been completed from the previous								
	1/1/2019 to 3/27/2019	revealed:			vious							
		of calcium, vitamin B-6,		record or shift.								
	· ·	ate, divalproex sodium,										
		itine, and TCA 0.1% Eucerin										
	cream were not documented as having been											
	administered on 3/25/2019 and 3/27/2019; - The 8:00PM doses of clorazepate, divalproex											
	sodium, Zonisamide, levocarnitine, and TCA											
	0.1% Eucerin cream were not documented as											
	having been administered on 3/25/2019.											
	#3's record revealed: - Admission date: 6/15 - Diagnoses: Impulse Intellectual Disabilities	Control Disorder; Moderate s; Type 2 Diabetes Mellitus;										
	Hypertension; History of Pulmonary Embolism; Hyperlipidemia; Obesity; Bilateral Hearing Loss;											
	and ARF (acute renal failure) on Lithium; and			1.								
	Vitamin D deficiency;											
	- Physicians orders for the following medications:											
	- Polyethylene glycol (Miralax), 17 grams in 8											
	ounces liquid 3 times weekly (on Monday,											
	Wednesday & Friday), dated 8/8/2018;											
		ablet QD, dated 8/8/2018;										
	<ul> <li>Xarelto 20 milligrams (mg), 1 tablet QD at supper, dated 8/8/2018;</li> </ul>											
	- Chlorpromazine (Thorazine) 200 mg, 1											
	tablet BID, dated 11/6											
		1,000 mg, 1 tablet BID with										
	meals, dated 8/8/2018	** The second of										
		ilify) 5 mg, ½ tablet (=2.5		×								
mg) BID, dated 12/5/2018;												
- Benztropine mesylate (Cogentin) 0.5 mg, 1												
	tablet QHS, dated 11/6											
		mg, ½ tablet (=0.25 mg)										
	QHS), dated 11/6/201	a 1 tablet OHS dated				1						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL041-613	B. WING		03/28/2019						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE											
7311-A FRIENDSHIP CHURCH ROAD											
M & S SUPERVISED LIVING, LLC BROWNS SUMMIT, NC 27214											
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ACTION SHOULD BE COMPLETE DATE						
V 118	Continued From page 3 8/8/2018.  Review on 3/27/2019 of client #3's MARs dated		V 118								
	1/1/2019 to 3/27/2019 revealed:  - There was no documentation that polyethylene glycol had been administered from 1/1/2019 to 3/27/2019;  - The 8:00 AM doses of multivitamin and aripiprazole were not documented as having been										
	administered on 3/25/2019;  - The 5:00 PM dose of Xarelto was not documented as having been administered on 3/25/2019;  - The 8:00 AM doses of chlorpromazine and Metformin were not documented as having been administered on 3/25/2019 to 3/27/2019;										
	benztropine mesylate were not documented administered on 3/25 - The 8:00 PM dose of	/2019; of chlorpromazine was not g been administered from									
	- Client #1's response	9 with client #1 revealed: es were primarily echolalic y information about his									
	<ul> <li>He could not rememmedications, but knews supposed to get at m times;</li> <li>He thought that facing medications corrections</li> </ul>	19 with client #3 revealed: aber the names of his a how many pills he was edication administration  lity staff had administered actly every day.  19 with staff #1 revealed:									

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- Clients #1 and #3 were administered their

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING MHL041-613 03/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7311-A FRIENDSHIP CHURCH ROAD M & S SUPERVISED LIVING, LLC **BROWNS SUMMIT, NC 27214** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 4 medications every day as ordered; - When blank spaces were found on the MARs, facility staff notified the Qualified Professional/Director (QP/D). Interview on 3/27/2019 with staff #2 revealed: - Staff #2 only administered medications at 8:00 AM: - There had not been any problems or errors with the medications that she knew of; - The QP/D reviewed MARs for accuracy. Interview on 3/28/2019 with the QP/D revealed: - The blank spaces on client #1 & #3's MARs had been overlooked in error when the QP/D reviewed the MARs: - Clients #1 and #3 had been administered all of their medications correctly; - The medications came pre-packaged from the Pharmacy: - The QP/D counted all medications weekly and was certain that there had not been any medications that had not been administered.