

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES - TWIN AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2004 TWIN AVENUE</b> <b>GASTONIA, NC 28052</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 on April 17, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</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</p>	V 118		

Division of Health Service Regulation 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>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to administer medications according to the written order of the physician affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 4/15/19 and 4/17/19 of Client #1's record revealed: -Admission date of 9/7/18; -Diagnoses of Post-Traumatic Stress Disorder and Oppositional Defiant Disorder; -15 years old; -Physician's order dated 2/10/19 for Cephalexin 500mg "take 1 capsule by oral route every 12 hours;" -February, 2019 Medication Administration Record revealed "Cephalexin 500mg capsule take 1 capsule by mouth every 12 hours" which was administered once daily at 7pm starting 2/10/19 through 2/27/19.</p> <p>Interview on 4/17/19 with the Pharmacist revealed: -Cephalexin is an antibiotic; -The antibiotic was administered incorrectly if Client #1 did not receive 2 capsules per day for 10 days; -The only concern would be that the antibiotic would not be as effective or work as quickly with incorrect administration; -Client #1 should follow up with the medical doctor if signs and symptoms of infection persist.</p> <p>Interview on 4/17/19 with the Qualified</p>	V 118		

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V 118	Continued From page 2  Professional revealed: -Was on Cephalexin in February, 2019 due to picking at her skin in multiple locations on her body; -Received Cephalexin for several days and there was no sign of infection after taking the medication; -Will follow up with all staff regarding the administration error of Client #1's antibiotic and will provide additional training.	V 118		