

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	<p>DHSR - Mental Health</p> <p>APR 22 2019</p>	
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	<p>Lic. & Cert. Section</p> <p><i>I NOW HAVE IN THE RECORDS WRITTEN PRESCRIPTIONS FOR EVERY MEDICATION WRITTEN IN 2018. AND WILL MAKE SURE THAT WE WILL GET A HARD COPY OF EACH PRESCRIPTION WHEN IT IS WRITTEN EVEN IF THE DOCTOR FAXES IT TO PHARMACY.</i></p> <p><i>Team members</i></p>	

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

Judith Griffing

TITLE

LPN/AFL.

(X6) DATE

4/12/19

Division of Health Service Regulation

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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	<p><i>Bubble packs are current today and time.</i></p> <p><i>JUDITHS GRIFFING LPN</i></p>	

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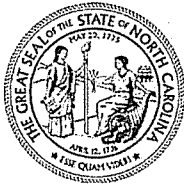
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V 118	<p>Continued From page 2</p> <p>-Due to a mix up in the bubble packets dates, medications were administered from another bubble packet</p> <p>II. Review on 03/21/19 of client #2's record revealed:</p> <p>-Admitted: 09/1981</p> <p>-Diagnoses included 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	<p><i>Bubble packs are now correct to day & time</i></p> <p><i>Prozac prescription has been written & sent to Linda nurse & have corrections made to MAR.</i></p> <p><i>Judith Griffing RN</i></p> <p><i>Unfortunately our MARs are done by company nurses who communicate by phone sometimes thru 3rd party.</i></p>	

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 12, 2019

Judith Griffing, Owner/Licensee
2409 Dunnbrook Court
Raleigh, NC 27604

DHSR - Mental Health

Re: Annual Survey completed March 21, 2019
Griffing Home, 2409 Dunnbrook Court, Raleigh, NC 27604
MHL # 092-368
E-mail Address: cgriffing@nc.rr.com

APR 22 2019

Lic. & Cert. Section

Dear Ms Judith Griffing:

Thank you for the cooperation and courtesy extended during the Annual Survey completed March 21, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- A standard level deficiency.

Time Frames for Compliance

- The Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is May 22, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

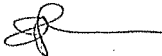
April 12, 2019
Judith Griffing

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org

9/19
218 5017