

PRINTED: 04/15/2019  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL074-195	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  R 04/11/2019
		A. BUILDING: _____  B. WING: _____	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BETTER CONNECTION MIDLAND CT

3309 MIDLAND COURT  
GREENVILLE, NC 27833

(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	INITIAL COMMENTS  An annual and follow-up survey was completed on April 11, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <small>By DHSR - Mental Health Lic. &amp; Cert. Section at 1:37 pm, Apr 23, 2019</small> </div>	
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 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 ( ) 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		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

0899

SVZZ11

If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTION MIDLAND CT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT GREENVILLE, NC 27833</b>
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of two clients (#1). The findings are:</p> <p>Review on 04/10/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 47 year old male.</li> <li>- Admission date of 12/07/16.</li> <li>- Diagnoses of Autism, Intermittent Explosive Disorder, Moderate Intellectual Developmental Disability and Acid Reflux.</li> </ul> <p>Review on 04/10/19 of a signed Nurse Practitioner order dated 03/14/19 revealed: - Vitamin D (treats vitamin D deficiency) 50,000units - take one by mouth twice a week on Monday and Thursday for 8 weeks.</p> <p>Review on 04/10/19 of client #1's March 2019 and April 2019 MARs revealed:</p> <ul style="list-style-type: none"> <li>- No transcribed entry for Vitamin D.</li> <li>- No staff initials to indicate the Vitamin D was administered as ordered.</li> </ul> <p>Observation on 04/10/19 at approximately 3:00pm of client #1's medications revealed no Vitamin D available for administration.</p> <p>Interview on 04/10/19 the Clinical Director stated: - Client #1's health care provider had prescribed the Vitamin D and the order was supposed to have been faxed to the pharmacy.</p>	V 118	<p>V118:</p> <p>When individual has appointments with MorCom or any other Medical Provider and AFL does not accompany the individual, the AFL Provider will consult with RD and QP for any recommendations noted whether new order for medications added/ discontinued, referrals, labs, etc. Documentation of consultation from AFL Provider will be noted in Therap for each appointment to note that contact was made with both the RD and/or QP for any changes.</p> <p>If new orders are written, AFL provider will ensure that medications are received timely and if not, contact with his supervisor will be made. RD/QP will notify assigned Pharmacy and noted in Therap any communication provided.</p> <p>RD/QP will notify AFL provider via phone call to note any changes made as a result of any and all appointments made for this individual following appointment.</p> <p>QP will in-service RD on importance of following up on all orders to ensure individual's needs are being met to ensure individual's health and safety focusing on providing orders to pharmacy in efforts to receive medication.</p> <p>QP will provide oversight to ensure medications are current with matching orders. Weekly checks will be completed and documented on form provided. See attached.</p>	5/11/19

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- The pharmacy had not filled the Vitamin D.</li> <li>- She would follow up to ensure medications were administered as ordered.</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p>	V 118		

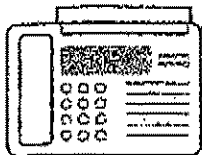








# FAX

**Better Connections Inc.**315 Clifton Street  
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Number of sheets including cover: \_\_\_\_\_

To:

Keith Hughes

Fax number:

919 715 8070

Better Connections Inc

Name:

Deborah Gordon

Fax number: 252-689-6013

Date:

4-23-19

Regarding:

POC - Malen?

Phone number for follow-up:

252 814 2118

Comment:

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