

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-130</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>EL OGDEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 EL OGDEN DRIVE</b> <b>WILMINGTON, NC 28405</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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on April 17, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 117	<p><b>27G .0209 (B) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interview, the facility failed to ensure all prescription medications were labeled with the current dispensing date for one of three audited clients (#3). The findings are:</p> <p>Review on 4/17/19 of client #3's record revealed: -64 year old male. -Admission date of 4/02/01. -Diagnoses of Impulse control disorder, mental retardation-severe, hemochromatosis and history of seizures.</p> <p>Review on 4/17/19 of client #3's February-2019 through April-2019 MAR's revealed: -Albuterol 0.083% Solution- Use 1 vial in nebulizer 4x daily as needed for wheezing. -Hydrocodone acetaminophen and bitartrate 5-325 milligram (mg) tab- Take 2 tablets by mouth every 4 hours as needed for pain. -Methocarbamol 500mg Tab- Take 1 tablet by mouth every 6 hours as needed.</p> <p>Observation on 4/17/19 at approximately 10:00am of client #3's medications revealed: -Albuterol 0.083% Solution - Expiration date of 04/02/19. - Hydrocodone acetaminophen and bitartrate 5-325 mg tab - Expiration date of 3/28/19. -Methocarbamol 500mg Tab - Expiration date 3/28/19</p> <p>Interview on 4/17/19 the Qualified Professional stated: -He would contact pharmacy and have albuterol</p>	V 117		

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V 117	Continued From page 2  0.083% solution updated. -He would review need for hydrocodone acetaminophen and bitrate 5-325 mg tab and turn in medications if discontinued.	V 117		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Observation on 4/16/19 at approximately 1:00pm of the facility revealed: - The popcorn ceiling in client #1's bedroom was peeling away in the right corner of room. Surface area extended approximately 24 x24 inches. There were 3 brown stains on ceiling, each approximately 16-20 inches in diameter. -There were dirty smudges extending approximately 36 inches in height along the left front door frame on the interior of facility. The living room baseboard, to the left of the front door, revealed dirty smudge marks extending approximately 24-30 inches in length. -The dining room ceiling revealed brown discoloration approximately 24 inches in diameter, popcorn ceiling peeling, and a crack extending approximately 6-10 inches.	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-There was a large tree, over 20 feet in length, that had collapsed in the backyard.</li> <li>-There were two 5-6 foot sections of wood fencing that had been knocked over and were laying face down in the right back corner of yard. One section of fencing was propped up with piece of wood.</li> </ul> <p>Interview on 4/17/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-Brown discoloration and damage to ceiling had been caused by a storm in September 2018. He had notified landlord of needed repairs and repairs had not been completed to date. The roof exterior had been repaired to stop leaking but the interior had not been repaired.</li> <li>-Property owner had sent out an individual to review fallen tree, but the individual had not returned to continue.</li> <li>-He had no additional questions at the exit conference.</li> </ul>	V 736		