

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl025-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPENCER'S PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NINTH STREET NEW BERN, NC 28560</b>		
(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 survey was completed on April 25, 2019. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
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 (E) 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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl025-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPENCER'S PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NINTH STREET NEW BERN, NC 28560</b>		
(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to keep the MARs current affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Finding #1 Review on 04/25/19 of client #2's record revealed: - 41 year old male. - Admission date of 6/29/18. - Diagnoses of bipolar disorder and major neurocognitive disorder.</p> <p>Review on 04/25/19 of client #2's Physician orders revealed: 1/04/19 - Benzotropine 1 milligram (mg) - Take 1 by mouth daily at bedtime. - Citalopram 20mg - Take 1 by mouth daily at bedtime. - Simvastatin 40mg - Take 1 tablet by mouth once daily. - Trazadone 50mg - Take 1 by mouth daily at bedtime. - Olanzapine 20mg - Take 1 by mouth daily at bedtime. - Simvastatin 20mg - Take 1 by mouth daily at bedtime.</p> <p>Review on 04/25/19 of client #2's February 2019 MAR revealed the following blanks: - Benzotropine 1 milligram (mg) - 2/27/19 - 2/28/19 at 9pm. - Citalopram 20mg - 2/28/19 at 9pm.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl025-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPENCER'S PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NINTH STREET NEW BERN, NC 28560</b>		
(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Simvastatin 40mg - 2/27/19 - 2/28/19 at 9pm.</li> <li>- Trazadone 50mg - 2/27/19 - 2/28/19 at 9pm.</li> <li>- Olanzapine 20mg - 2/27/19 - 2/28/19 at 9pm.</li> <li>- Simvastatin 20mg - 2/27/19 - 2/28/19 at 9pm.</li> </ul> <p>During interview on 04/25/19 client #2 stated he received his medication daily.</p> <p>Finding #2 Review on 04/25/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 61 year old male.</li> <li>- Admission date of 12/19/94.</li> <li>- Diagnoses of schizophrenia-paranoid type, history of alcohol abuse, hypertension, diabetes and gastroesophageal reflux disease (GERD)</li> </ul> <p>Review on 04/25/19 of client #3's Physician orders revealed: 10/29/18 . Clotrimazole Cream 1% - Apply to both feet twice daily along with Betamethasone cream</p> <p>Review on 04/25/19 of client #3's February 2019 MAR revealed the following blanks: . Clotrimazole Cream 1% - 2/28/19 at 8pm.</p> <p>During interview on 04/25/19 client #3 stated he received his medication daily.</p> <p>During interview on 04/25/19 the Residential Manager revealed:</p> <ul style="list-style-type: none"> <li>- She reviewed the MAR's weekly.</li> <li>- The facility will be moving to an electronic version of MAR's.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		