STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-356	A. BUILDING: _____ B. WING _____	04/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARDLAW HOME	23 TIPPERARY DRIVE ASHEVILLE, NC 28806

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V 000	INITIAL COMMENTS An annual survey was completed on April 23, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Adults of all Disability Groups-Alternative Family Living.	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	V 118		

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications were administered as ordered for 1 of 2 clients (#1). The findings are: Observation on 4/17/19 at 12:34PM of the medications for Client #1 revealed: -Over the counter Tylenol, 650mg tablets. Record review on 4/17/19 for Client #1 revealed: -Admitted on 11/23/09 with diagnoses of Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Impulse Control Disorder, Bi Polar Disorder, severe hypochondria, Mild Intellectual Disability, Diabetes, gastro esophageal reflux disorder, sleep apnea, and high cholesterol. -Physicians order dated 5/4/18 for Tylenol 500mg, one tablet three times daily as needed for fever or pain. Review on 4/17/19 of the February 2019-April 2019 MARs for Client #1 revealed: -During the month of 2/2019 Client #1 was administered Tylenol 650mg one time on 2/7, 2/10, 2/12, 2/16, 2/19, 2/21, 2/25, and 2/27. -During the month of 3/2019 Client #1 was administered Tylenol 650mg twice on 3/1, twice on 3/3, one time on 3/5 and 3/6, twice on 3/7, and once on 3/8, 3/9, 3/12, 3/13, 3/15, 3/22, and 3/25. --During the month of 4/2019 Client #1 was administered Tylenol 650mg one time.	V 118		

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V 118	Continued From page 2 Interview on 4/17/19 with the AFL Provider revealed: -She was not aware that the Tylenol was 650mg. That was an oversight on her part. Client #1 did not take many. -She would obtain the correct tablets as soon as possible. Interview on 4/23/19 with the Qualified Professional revealed: -He was not aware that the Tylenol tablets were 650mg. He did not know how that was missed. -The AFL provider had not realized the discrepancy and had already replaced the tablets.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and	V 366		

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V 366	Continued From page 3 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The	V 366		

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V 366	Continued From page 4 preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by:	V 366		

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V 366	Continued From page 5 Based on record reviews and interviews the facility failed to implement their written policy governing their response to level I incidents affecting 1 of 2 clients (#1). The findings are: Review on 4/23/19 of the facility policy for Incident Reporting revealed: -" ...The AFL Provider will be mandated to complete an incident report when there is any type of incident, unusual occurrence, or medication error. The Qualified Professional (QP) will be made aware of any situation in which an incident report must be completed. A copy of the incident report will be given to the QP, sent to the Continuous Quality Improvement Department ..." Review on 4/23/19 of incident reports revealed that no incident report had been completed when Client #1 experienced a fall on 4/15/19. Interview on 4/17/19 with the AFL provider revealed: -Client #1 had fallen on 4/15/19 and she had to provide first aid for a minor cut and bump on her head. The facility nurse had come out to check on her. No medical attention outside of first aid was needed. She had reported the incident to the QP. Interview on 4/23/19 with the QP revealed: -The AFL provider had called to report the incident. -No incident report had been completed.	V 366		