

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2019
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NAME OF PROVIDER OR SUPPLIER JOYCE ROBINSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3306 HENDRICK CHAPEL LANE CHARLOTTE, NC 28216
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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 on 5/8/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p>	V 000		
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</p>	V 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure the MAR was kept current and medications administered were recorded immediately after administration affecting 1 of 2 clients(#1). The findings are:</p> <p>Review on 5/7/19 of client #1's record revealed: -admission date of 1/1/10; -diagnoses of Depression Disorder, Intellectual Developmental Disability-Moderate, Eczema, Seasonal Allergies and High Cholesterol; -physicians' orders dated 5/23/17 for atorvastation(generic for Lipitor) 20mg one tablet at bed and Flonase 50mcg one spray each nostril twice daily; -physician's order dated 9/27/18 for Eucrisa 2% cream apply to affected area twice daily.</p> <p>Observation on 5/8/19 at 4:00pm of client #1's medications on site revealed: -atorvastation 20mg one tablet at bed dispensed 4/25/19; -Flonase 50mcg one spray each nostril twice daily dispensed 1/12/19; -Eucrisa 2% cream apply to affected area twice daily dispensed 5/7/19.</p> <p>Review on 5/7/19 and 5/8/19 of client #1's MARS from 3/1/19-5/8/19 revealed the following dosing dates left blank with no explanation: -4/29 and 4/30 at 8pm for atorvastation 20mg</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>one tablet at bed; -4/29 and 4/30 at 8am/8pm for Flonase 50mcg one spray each nostril twice daily; -4/29 and 4/30 at 8am/8pm for Eucrisa 2% cream apply to affected area twice daily.</p> <p>Interview on 5/8/19 with client #1 revealed she got her medications daily.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		