

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2019
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NAME OF PROVIDER OR SUPPLIER POAGUE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 919 ROCKWOOD LANE TRYON, NC 28782
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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 5/13/19. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/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 file followed up by appointment or consultation</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to follow the written order of a physician affecting 1 of 2 clients (Client #2). The findings are:</p> <p>Record review on 5/13/19 for Client #2 revealed: -Admission date of 3/29/19 with diagnoses of Mild Intellectual Disability, Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD). -Physician ordered medications included: --Quetiapine 200mg (antipsychotic) once daily ordered 4/30/19. --Citalopram 40mg (depression) once daily ordered 3/27/19. --Atomoxetine 80mg (ADHD) once in the am ordered 11/27/18. Review on 5/13/19 of MARs for March-May 2019 revealed: --Quetiapine was administered 3/29/19-4/29/19 (30 days) without an order.</p> <p>Interview on 5/13/19 with Staff #1 (AFL primary caregiver) revealed: -She administered medications according to the MAR she was given from the previous AFL. -She was given paperwork and bottles of medications when Client #2 moved in. The paperwork included a list of medications but there were no orders/prescriptions included. -She scheduled a doctors appointment as soon as possible to get appropriate orders.</p> <p>Interview on 5/13/19 with Qualified Professional</p>	V 118		

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V 118	Continued From page 2 (QP) revealed: -Client #2 moved from another AFL with their agency. She was not the QP for the previous AFL and was not aware orders did not go with him to the new AFL. -She made on site visits quarterly to review documentation, medications and MARs. She had not reviewed Client #2's MARs or orders since he had moved in.	V 118		