

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2019
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NAME OF PROVIDER OR SUPPLIER A CARING HAND	STREET ADDRESS, CITY, STATE, ZIP CODE 6416 SPANISH MOSS LANE CHARLOTTE, NC 28262
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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 May 22, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities.</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		

Division of Health Service Regulation 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>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain accurate MARs affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 5/20/2019 of Client #1's record revealed: -Admission date of 1/18/2019; -Diagnosed with Intellectual Developmental Disability - Mild, Pica, Intermittent Explosive Disorder, and Schizophrenia; -Physician's initial order on 3/23/2018 with updated admission order on 1/18/2019 for Nystatin 100,000 gram cream apply twice daily; -May, 2019 MAR did not list administration of Nystatin 100,000 gram cream apply twice daily.</p> <p>Interview on 5/21/2019 with Client #1 revealed: -The Alternative Family Living (AFL) Provider administers Nystatin cream daily.</p> <p>Interview on 5/21/2019 with the AFL Provider revealed: -Nystatin cream is administered daily to Client #1; -It was a mistake of the pharmacy not to list the Nystatin cream and an oversight that the mistake was not detected; -Will add the Nystatin cream to the May, 2019 MAR moving forward.</p> <p>Interview on 5/22/19 with the Qualified Professional revealed: -Will reach out to the AFL Provider as soon as</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>possible to correct the May, 2019 MAR to add Nystatin cream and will provide more oversight supervision and support moving forward.</p> <p>Observation on 5/21/2019 at approximately 6:20pm of Client #1's medication revealed: -Tube of Nystatin cream 100,000 grams dispensed 3/21/2019.</p>	V 118		