

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2019
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NAME OF PROVIDER OR SUPPLIER DOGWOOD ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 211 NELLIE JOHN DRIVE CLYDE, NC 28721
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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 and follow up survey was completed on 5/20/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups.</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 with a physician.</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>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to administer medications and care/treatment on the written order of a physician affecting three of three clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 5/16/19 of Client #1's record revealed: -admission date of 10/5/12. -diagnoses of Schizophrenia, BiPolar type, Acute Distress Disorder, Intermittent Explosive Disorder, and Mild Intellectual and Developmental Disability, -physician's orders included: -9/14/18 -Donepezil (Aricept) - 10 mg - one tablet at bedtime - discontinued 4/17/19. -3/5/19 - Ensure or similar - one can a day for abnormal weight loss. -5/14/19 - add Ensure - three times a day with meals - nutritional supplementation. -5/14/19 - Docusate Sodium (Colace) - 100 mg - one tablet every day.</p> <p>Review on 5/16/19 of Client #1 Medication Administration Records (MARs) from March 2019 through May 2019 revealed: -Donepezil (Aricept) - 10 mg - one tablet at bedtime - was not initialed to indicate it was given 3/27/19 through 3/31/19 (5 days) and 4/1/19 through 4/16/19 (discontinued 4/17/19). - Ensure or similar - one can a day for abnormal weight loss - was not on March MAR, was not initialed as given 4/1/19 through 4/5/19, was not initialed as given 5/1/19 through 5/3/19. -add Ensure - three times a day with meals -</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>nutrition supplementation - was not listed on the May MAR starting 5/14/19.</p> <p>- Docusate Sodium (Colace) - 100 mg - one tablet every day - was not initialed as given 5/1/19 through 5/3/19.</p> <p>Interview on 5/20/19 with the Operations Director revealed: -the above medications were not initialed on the MARs.</p> <p>Review on 5/17/19 of Client #2's record revealed: -admission date of 7/5/18. -diagnoses of Schizophrenia, Diabetes Mellitus type II, Eczema, Intellectual Disability, Benign Prostatic Hypertrophy, Hypertension, and Amyotrophic-lateral sclerosis. -physician's orders included: -10/9/18 - Ciprofloxacin - 500 mg - 1 tablet at catheterization. -2/18/19 - Regenecare HA 2% gel - apply as directed for urethral - administration prior to catheterization. -2/24/19 - "Use lift for patient transfers."</p> <p>Review on 5/17/19 of Client #2's MARs from March 2019 through May 2019 revealed: -Ciprofloxacin - 500 mg - 1 tablet at catheterization - as needed - initialed as only being given on 3/1/19 and 3/4/19 -underneath hour to be given was "PRN (as needed)". -Regenecare HA 2% gel - apply as directed for urethral - administration prior to catheterization - not initialed as administered on any of the MARs.</p> <p>Observation on 5/17/19 at approximately 2:30 p.m. revealed: -Client #2's guardian came to facility to take him to a doctor appointment. -Client #2 was sitting in a chair in the living room.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -the client's guardian and the Lead Staff member transferred him to his wheelchair using their hands/arms. -the Hoyer lift was in another room in the facility. <p>Interview on 5/16/19 with the Lead Staff revealed:</p> <ul style="list-style-type: none"> -she could not transfer Client #2 by herself. -they had a Hoyer lift which she said was broken. -she plugged the Hoyer lift in (just prior to the interview) to see if the battery needed to be charged. -she thought Client #2's Ciprofloxacin was as needed. -the staff did not apply the Regenecare 2% gel prior to catheterization since the guardian was trained and approved to change the client's catheter. -the staff had nothing to do with Client #2's catheter care. <p>Interviews and observation on 5//17/19 at 9:00 a.m. with Support Team Members #1 and #2 revealed:</p> <ul style="list-style-type: none"> -they were able to transfer Client #2 by themselves and did not use the Hoyer lift. -Support Team Member #1 had not used the Hoyer lift in at least 3 months. -Support Team Member #1 got up to see if the Hoyer lift was working and he was able to raise it by pushing the button. -neither staff member administered Ciprofloxacin or Regenecare 2% gel as the guardian administered this when she changed his In-and-Out catheter. <p>Review on 5/17/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -admission date of 2/14/19 -diagnoses of Autism Spectrum Disorder, Unspecified Schizophrenia and other Psychotic Disorder. 	V 118		

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V 118	<p>Continued From page 4</p> <p>-physician's order included: -4/22/19 - Terbinafine 1% cream - apply around toenails every day at bedtime.</p> <p>Review on 5/17/19 of Client #3's MARs for April 2019 revealed: -Terbinafine 1% cream - apply around toenails every day at bedtime - was not initialed to indicate it was given 4/22/19, 4/27/19 and 4/28/19.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		