

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>mh1092-573</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/28/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MEEKS #2</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4125 EDMONT ROAD</b><br><b>WENDELL, NC 27591</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An Annual, Complaint and Follow-up survey was completed May 28, 2019. The complaint (Intake # NC00151328) was not substantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>A sister facility is identified in this report. The sister facility will be identified as "Sister Facility A" (SFA). Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>   | V 000         |   |                    |
| V 116              | <p><b>27G .0209 (A) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN</p> | V 116         |   |                    |

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

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| V 116              | <p>Continued From page 1</p> <p>TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, record review and interview, the facility failed to restrict dispensing to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy effecting 1 of 2 Former Clients (FC#5). The findings are:</p> <p>Observation on 5/22/19 at 12:30pm (at "Sister Facility A" where FC#5 currently resides) revealed FC#5's medications included:</p> <ul style="list-style-type: none"> <li>- Clonazepam 1mg - 1 three times daily (tid)</li> <li>- Benzotropine 1mg - 1 tid</li> <li>- Lithium 150mg - 1 twice daily (bid)</li> <li>- Divalproex 500mg - 2 bid</li> <li>- Vraylar 6mg - 1 daily (qd)</li> <li>- Mirtazipine 15mg - 1/2 tablet every evening (qhs)</li> <li>- Loratidine 10mg - 1 qd</li> <li>- Trazadone 100mg - 1 qhs</li> </ul> <p>Review on 5/22/19 and 5/28/19 of FC#5's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date 4/4/07</li> </ul> | V 116         |   |                    |

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| V 116              | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- discharge date 4/2/19</li> <li>- diagnoses: Bipolar Mood Disorder (DO), Mild Intellectual and Developmental DO, Schizoaffective DO, Morbid Obesity and Hyperlipidemia</li> <li>- documentation that he went on home visits 1 or 2 times per month for the weekend or longer</li> <li>- documentation of the medications and administration instructions that were sent home with the client during home visits. This documentation was signed by the client's mother.</li> </ul> <p>During an interview on 5/22/19, staff #2 reported:</p> <ul style="list-style-type: none"> <li>- he had worked at the facility for a little over 2 years</li> <li>- when FC#5 went on home visits his medications were packed in an unmarked weekly pill box</li> <li>- he did not know if any paperwork went with him as the Qualified Professional (QP) was the person who transported him home</li> <li>- if FC#5's family had any questions they contacted either the Director or QP</li> </ul> <p>During an interview on 5/28/19, FC #5's mother reported:</p> <ul style="list-style-type: none"> <li>- when FC #5 came for home visits his medications were in an unmarked plastic pill container and she received papers with what the medications were and when he was supposed to get them.</li> <li>- she was given contact information and instructions of what to do in an emergency and hi doctor's contact information.</li> </ul> <p>During interviews on 5/22/19 and 5/28/19, the Licensee reported that the Qualified Professional usually transported FC #5 home with the medications and paperwork. The mother received paperwork on all contacts needed and</p> | V 116         |   |                    |

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| V 116              | Continued From page 3<br><br>all information about the medication dosages and administrations.                         | V 116         |   |                    |