

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2019
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NAME OF PROVIDER OR SUPPLIER THOMAS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 501 FRENCH MOUNTAIN DRIVE MARION, NC 28752
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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 30, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living in a Private Residence for Adults 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		

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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 record review and interview, the facility failed to keep current the MARs for 1 of 2 audited clients (Client #1). The findings are:</p> <p>Review on 5/23/19 of Client #1's record revealed: Date of admission: 11/5/13; Diagnoses: Moderate Intellectual Developmental Disability (IDD), Williams Syndrome, Spastic Paraparesis, Edema, Restless Leg Syndrome; -3/22/19 physician-ordered Ondansetron (Zofran) 4 milligrams (mg) three times daily as needed (PRN) to prevent nausea and vomiting.</p> <p>Review on 5/30/19 of Client #1's MARs for the months 3/2019, 4/2019 and 5/2019 revealed: -Ondansetron (Zofran) was not listed on the Client #1's MARs for 3/2019 and 4/2019.</p> <p>Interview on 5/30/19 with the AFL Provider revealed: -Client #1 went to a local medical walk-in clinic on 3/22/19 due to nausea and vomiting; -Client #1 was provided a prescription for Ondansetron but she had not taken the medication after the prescription was filled; -She stated she was aware that all client medications needed to be listed on monthly MARs, even PRN medications; -A local pharmacy printed out the clients' monthly MARs; -She was responsible for writing in new medications on a client's MAR that were added during a month.</p>	V 118		

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V 118	Continued From page 2 Interview on 5/30/19 with the Qualified Professional revealed: -Her quarterly home visit with the AFL provider was a home review and included checking on client medications, prescriptions and she reviewed the monthly client MAR.	V 118		