

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/29/2019
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NAME OF PROVIDER OR SUPPLIER CARING WAY 114	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CARING WAY SHELBY, NC 28150
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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 5/29/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and 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 observation, record review and interviews, the facility failed to follow the written order of a physician and failed to keep the MAR current affecting 1 of 2 clients (Client #1). The findings are:</p> <p>Record review on 5/28/19 for Client #1 revealed: -Admission date of 4/10/14 with diagnoses of Moderate Intellectual Disability, Bipolar Disorder, Seizure Disorder, Generalized Anxiety Disorder and Rheumatoid Arthritis. -Physician ordered medications included: --Flagyl 500mg (antibiotic) every 8 hours for 10 days ordered 3/8/19. --Lomotil 2.5-.025mg (antidiarrheal) 4 times daily as needed ordered 3/8/19. --Calcium 600mg (supplement) once daily was noted on hospital discharge paperwork dated 8/9/18 but no order with doctor's signature was available. Review on 5/28/19 of MARs for March-May 2019 revealed: --March MAR did not include Flagyl or Lomotil. No other documentation was made available. --Calcium was documented as administered on the May MAR from 5/1/19-5/28/19.</p> <p>Interview on 5/28/19 with Staff #1 revealed: -She was house manager for his facility. -She wrote short term and PRN medications on a blank white MAR, as opposed to the printed MAR from the pharmacy. All MAR sheets were turned into the office each month.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-She administered the short term medication (Flagyl) and PRN medication (Lomotil) but was unable to produce documentation.</p> <p>Interview on 5/29/19 with Qualified Professional (QP) revealed:</p> <p>-Client #1 took lots of meds and had lots of medical and behavioral issues. Staff stayed on top of medical concerns.</p> <p>-The team for Client #1 just had his CNR (Clinical Needs Review) and the agency paperwork for Client #1 was in a folder on his desk. The missing "white MARs" were probably in that.</p> <p>-Their process was to document PRNs and new meds on the white MARs and submit to the office with the printed monthly MARs. The sheets must have gotten separated, but he was sure they were at the office.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 118		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by:</p>	V 123		

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V 123	<p>Continued From page 3</p> <p>Based on record review and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist and charted in the client record affecting 1 of 2 current clients (Client #1). The findings are:</p> <p>Record review on 5/28/19 for Client #1 revealed: -Admission date of 4/10/14 with diagnoses of Moderate Intellectual Disability, Bipolar Disorder, Seizure Disorder, Generalized Anxiety Disorder and Rheumatoid Arthritis. Review on 5/28/19 of MARs for March-May 2019 revealed: -Client #1 refused meds on 3/6/19 at 7am, 5pm, 7pm; on 3/7/19 at 7am, 12pm, 2pm, 3pm, 4pm, 5pm and 7pm; and on 3/8/19 at 7am, 12pm, 2pm, 3pm, 4pm and 5pm.</p> <p>Review on 5/28/19 of incident reports for March-May 2019 revealed: -Level 1 medication error incident reports were completed on 3/7/19 for 7am and 12 pm for Client #1 refusal of medications but the phone call to the pharmacy was not completed until 3/8/19. -No other documentation of pharmacy or physician contact was made available.</p> <p>Interview on 5/28/19 with Staff #1 revealed: -Client #1 went to the hospital on 3/8/19 but was released back home. "We don't do incident reports (missed meds) when clients go to the hospital". -"We always do incident reports and call the pharmacy when a client refuses meds."</p> <p>Interview on 5/29/19 with Qualified Professional (QP) revealed: -Client #1 took lots of meds and had lots of medical and behavioral issues. -"Staff are usually pretty good about keeping up</p>	V 123		

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V 123	Continued From page 4 with the incident reports. Don't know what happened here."	V 123		