STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-386	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVINGSTONE'S HOME	212 BALDWIN ROAD ARDEN, NC 28704

(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	INITIAL COMMENTS An annual and complaint survey was completed 5/16/19. The complaint was unsubstantiated (Intake #NC 00150609). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups 10A NCAC 27G Supervised Living for Individuals of all Disability Groups-Alternative Family Living.	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 2:09 pm, Jun 14, 2019	
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing	V 117		

Kelly Erswer QPMA
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6/12/19

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V 117	Continued From page 1 practitioner. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility staff failed to ensure prescription medications contained the packaging label for each prescription drug with the information required: client's name, prescriber's name,date medication was dispensed by pharmacy, administration instructions, name, strength, quantity, and expiration date of the prescribed drug; and the name, address, and phone number of the pharmacy or dispensing location and dispensing practitioner/pharmacist. The findings are: Review on 5/13/19 of Client #2's record revealed: -admission date of 8/17/16. -diagnoses of Moderate Intellectual and Developmental Disability, Hypothyroidism, Obstructive Sleep Apnea, Allergic Rhinitis, High Cholesterol, Depression Disorder, Speech Impediment, Tracheotomy Implant, Gastro-Esophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, and Parkinson's Disease. -Physician's orders included: -1/24/19- Polyethylene Glycol 17 gram/dose powder - 1 capful with any liquid daily, except when having diarrhea -3/22/19- Saline Bullets - use 1 vial via nebulizer as needed. Observation on 5/13/19 at approximately 2:30	V 117	As both the re-cited Standard level deficiency and the new standard deficiency relate to the same issue, the plan of correction covers both issues. ① The named provider is now using a new pharmacy that will create monthly the Medication Administration Records for her. If a change in medications occur mid-month, a new MAR will come from the	6/8/19

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V 117	Continued From page 2 p.m. of Client #2's medications revealed: -Polyethylene Glycol 17 gram/dose powder - "Prescription Laxative" - with no prescription label. -AddiPak - 3 ML sterile 0.9% Na Cl Solution for inhalation USP - unit dose vials - "RX only" - with no prescription label. Interview on 5/13/19 with the Alternative Family Living provider revealed: -the Polyethylene Glycol was Client #2's and the label fell off; she could not provide the label for the Polyethylene Glycol. -she ordered the AddiPak (Saline Bullets) off the Internet due to the pharmacy not having any available.	V 117	pharmacy. The old MARs will be immediately turned into the office. The QP will continue to monitor. Provider has been informed that she must check MARs received from the pharmacy and immediately return to the pharmacy to have any discrepancies addressed.	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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:	V 118	② The assigned Qualified Professional is out there weekly and will remain going out weekly for the next 6 months with the stated purpose of conducting medication reviews. ③ Cited AFL provider was re-trained in Medication Management by the registered nurse. The training was solely for the provider allowing 1:1 time.	In Process starting in May 2019. 5/31/19

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V 118	Continued From page 3 (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician affecting two of two clients (Clients #1 and #2). The findings are: Review on 5/13/19 of Client #1's record revealed: -admission date of 1/1/16. -diagnoses of Autism Disorder, Impulse Control Disorder, Mild Intellectual and Developmental Disability, Unspecified BiPolar Disorder, Narcissistic Personality Disorder, Imperforated Anus, and Fecal Impaction. -Physician's orders included: -4/26/19 - Magnesium Hydroxide 400 mg/5 ml - 30 ml two times a day. -5/3/19 - Magnesium Citrate - 500 mg - daily. Review on 5/13/19 of Client #1's Medication Administration Record (MAR) from March 2019 through May 2019 revealed: -Magnesium Hydroxide 400 mg/5 ml - 30 ml two times a day - discontinued hand-written on May MAR. -Magnesium Citrate - 500 mg - 1 tablet daily -	V 118	3. All Qualified Professionals in this region were re-trained on a new system of medication review that will be used throughout the region. We will use a medication review form based on the form used in DHHS surveys. QPs will utilize the form during monthly home supervisions. It is currently being used on weekly QP reviews with the cited provider. See Attached form. 4. All QPs were further trained on the state mandate for prescription labels on the medications that, while prescribed, have historically been	6/4/19 & ongoing 6/4/19 & ongoing

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V 118	Continued From page 4 was initialed as started on 5/3/19 . Interview on 5/13/19 and 5/14/19 with the Alternative Family Living (AFL) provider revealed: -Magnesium Hydroxide was replaced with the Magnesium Citrate but she could not locate the physician's order. -on 5/14/19 she provided a physician note to discontinue the Magnesium Hydroxide and start Magnesium Citrate 500 mg daily, however there was no physician signature. Review on 5/13/19 of Client #2's record revealed: -admission date of 8/17/16. -diagnoses of Moderate Intellectual and Developmental Disability, Hypothyroidism, Obstructive Sleep Apnea, Allergic Rhinitis, High Cholesterol, Depression Disorder, Speech Impediment, Tracheotomy Implant, Gastro-Esophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, and Parkinson's Disease. -Physician's orders included: -3/22/19- Saline Bullets - use 1 vial via nebulizer as needed. -4/4/18 - Fluticasone Propionate (Flonase) 50 mcg - activation nasal - 1 spray each nare daily. -5/3/19 - Fluticasone Propionate 50 mcg - 1 spray each nare - changed to as needed. -4/4/18 - olopatadine (Pataday) 0.2 % ophthalmic solution - 1 drop both eyes daily for 30 days. -5/3/19 - olopatadine 0.2% ophthalmic solution - 1 drop both eyes - changed to as needed. Review on 5/13/19 of Client #2's MAR from March 2019 through May 2019 revealed: - Saline Bullets - use 1 vial via nebulizer as needed - was not listed for March.	V 118	Purchased over the counter. The cited home now has pharmacy prescription labels for all medications and will continue to purchase OTC meds through the pharmacy with Rx labels adhered.	

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V 118	Continued From page 5 -Fluticasone Propionate (Flonase) 50 mcg - activation nasal - 1 spray each nare daily - was not listed on any of the MARs. -Fluticasone Propionate 50 mcg - 1 spray each nare - changed to as needed - was not listed on the May MAR. -olopatadine (Pataday) 0.2 % ophthalmic solution - 1 drop both eyes daily for 30 days - was not initialed as given for the remaining days in May 2019. -olopatadine 0.2% ophthalmic solution - 1 drop both eyes - changed to as needed - was not on the May MAR. Interview on 5/13/19 and 5/14/19 with the AFL provider revealed: -the Saline Bullets, Fluticasone Propionate and olopatadine were not listed on the MARs as noted above. -on 5/14/19 she provided one page MARs with the above medications listed for the missing months. -she stated she turned in the wrong MARs to the office and found these at the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

MEDICATION REVIEW

Total Previous Month: _____

Total Curent Month: _____

Facility Name:_____ MHL#: _____

Client Name: _____ Client #: _____

Doctor Order 1. Med & Strength 2. Directions	**Pharmacy description from bottle** 1. Med & Strength 2. Directions	**MAR Transcription** 1. Med & Strength 2. Directions	Date of Signed Order	RX DX date or Change date
1	1	1		
2	2	2		
3	3	3		
4	4	4		
5	5	5		
6	6	6		
7	7	7		
8	8	8		
9	9	9		
10	10	10		
11	11	11		
12	12	12		

QP Initials: _____