Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-028	A. BUILDING: _____ B. WING _____	05/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POAGUE HOME	919 ROCKWOOD LANE TRYON, NC 28782

(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 survey was completed on 5/13/19. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	V 000		
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: (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	V 118	Measures to Correct and Prevent deficiency: 1. Acquired prescriptions for all medications prescribed for consumers in the home and filed them in client records. 2. Copies of all prescriptions were placed in AFL books for consumers living in the AFL. 3. AFL provider received training from QP on admission requirements of having all current medications and prescriptions when admitting new client into AFL home. Plan for monitoring: 1. QP will visit AFL home monthly for 3 months and will check prescriptions against client medications to ensure all are present. DHSR-Mental Health JUN 12 2019 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 118	Continued From page 1 with a physician. 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 affecting 1 of 2 clients (Client #2). The findings are: Record review on 5/13/19 for Client #2 revealed: -Admission date of 3/29/19 with diagnoses of Mild Intellectual Disability, Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD). -Physician ordered medications included: --Quetiapine 200mg (antipsychotic) once daily ordered 4/30/19. --Citalopram 40mg (depression) once daily ordered 3/27/19. --Atomoxetine 80mg (ADHD) once in the am ordered 11/27/18. Review on 5/13/19 of MARs for March-May 2019 revealed: --Quetiapine was administered 3/29/19-4/29/19 (30 days) without an order. Interview on 5/13/19 with Staff #1 (AFL primary caregiver) revealed: -She administered medications according to the MAR she was given from the previous AFL. -She was given paperwork and bottles of medications when Client #2 moved in. The paperwork included a list of medications but there were no orders/prescriptions included. -She scheduled a doctors appointment as soon as possible to get appropriate orders. Interview on 5/13/19 with Qualified Professional	V 118		

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V 118	Continued From page 2 (QP) revealed: -Client #2 moved from another AFL with their agency. She was not the QP for the previous AFL and was not aware orders did not go with him to the new AFL. -She made on site visits quarterly to review documentation, medications and MARs. She had not reviewed Client #2's MARs or orders since he had moved in.	V 118		

Lisa Holmes, MSW, MPH.
Executive Program Director
Davidson Family Services