

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET</b> <b>LEXINGTON, NC 27292</b>
---	--

(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 and Follow-Up Survey was completed on 6-14-19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET</b> <b>LEXINGTON, NC 27292</b>
---	--

(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 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility staff failed to administer medications on the written order of a person authorized by law to prescribe drugs and to keep a Medication Administration Record (MAR) for each client current and accurate, for 2 (client #1 and client #2) of 3 clients surveyed. The findings are:</p> <p>Review on 6-13-19 and 6-14-19 of client #1 ' s facility record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7-6-66</li> <li>- 72 years old</li> <li>- diagnosed with:               <ul style="list-style-type: none"> <li>- Mild Mental Retardation</li> <li>- Schizophrenia</li> <li>- Depressive Disorder</li> <li>- Deaf</li> <li>- Osteoarthritis</li> <li>- Tension Headaches</li> </ul> </li> <li>- on 3-21-19 was prescribed by Primary Care Physician:               <ul style="list-style-type: none"> <li>- loratadine, 10 milligrams (mg) one, daily</li> <li>- flaxseed oil, 1000 mg two, twice daily</li> </ul> </li> </ul> <p>Review on 6-13-19 of client #2 ' s facility record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12-5-96</li> <li>- 42 years old</li> <li>-diagnosed with:               <ul style="list-style-type: none"> <li>- Intellectual Disability Disorder</li> <li>- Schizophrenia</li> <li>- Schizoaffective Disorder, Bipolar Type</li> </ul> </li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET</b> <b>LEXINGTON, NC 27292</b>
---	--

(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Gastro-Esophageal Reflux Disease</li> <li>- Sleep Apnea</li> </ul> <p>- on 10-4-18 was prescribed by Primary Care Physician:</p> <ul style="list-style-type: none"> <li>- Vascepa 1 gram (gm) one, daily</li> <li>- ranitidine 150 mg one, twice daily</li> <li>- loratadine 10 mg one, daily</li> </ul> <p>- on 2-4-19 was prescribed by Primary Care Physician:</p> <ul style="list-style-type: none"> <li>- benztropine mesylate 2 mg one, daily</li> </ul> <p>Finding #1: Failed to administer medications on written orders</p> <p>Review on 6-13-19 of client #2 ' s MAR revealed:</p> <ul style="list-style-type: none"> <li>- benztropine mesylate was administered twice daily from 2-4-19 until 2-14-19</li> </ul> <p>Finding #2: Failed to keep a MAR for each client current and accurate</p> <p>Review on 6-14-19 of client #1 ' s MARs revealed:</p> <ul style="list-style-type: none"> <li>- loratadine was not documented as given:               <ul style="list-style-type: none"> <li>- 4-27-19</li> <li>- 4-28-19</li> </ul> </li> <li>-flaxseed oil was not documented as given:               <ul style="list-style-type: none"> <li>- 4-27-19 am dose</li> <li>- 4-28-19 am dose</li> <li>- 4-5-19 pm dose</li> <li>- 4-6-19 pm dose</li> <li>- 4-7-19 pm dose</li> <li>- 4-26-19 pm dose</li> <li>- 4-27-19 pm dose</li> <li>- 4-28-19 pm dose</li> <li>- 4-29-19 pm dose</li> </ul> </li> </ul> <p>Review on 6-13-19 of client #2 ' s MARs</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET</b> <b>LEXINGTON, NC 27292</b>
---	--

(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 118	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- Vascepa was not documented as given:               <ul style="list-style-type: none"> <li>- 5-5-19</li> </ul> </li> <li>- ranitidine was not documented as given:               <ul style="list-style-type: none"> <li>- 5-5-19</li> <li>- 5-22-19</li> </ul> </li> <li>- benztropine mesylate was not documented as given:               <ul style="list-style-type: none"> <li>- 4-29-19</li> <li>- 4-30-19</li> </ul> </li> <li>- loratadine was not documented as given:               <ul style="list-style-type: none"> <li>- 4-29-19</li> <li>- 4-30-19</li> </ul> </li> </ul> <p>Interview on 6-13-19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- the facility has been creating their own MAR forms               <ul style="list-style-type: none"> <li>- client #2 ' s benztropine mesylate had previously been prescribed to be given twice daily</li> <li>- the risks for errors was increased when client ' s medications changed frequently</li> <li>- during the month of February, the facility manager was transitioning out of employment, and possibly not as diligent as she should have been                   <ul style="list-style-type: none"> <li>- the QP also reviews the MARs to reduce mistakes</li> <li>- nevertheless, "that ' s on me, that would be on me at the time ..."</li> <li>- "it would be good going forward for staff making errors to have additional medication administration training."</li> </ul> </li> </ul> </li> </ul> <p>Interview on 6-14-19 with the Residential Director revealed:</p> <ul style="list-style-type: none"> <li>- "the facility manager was leaving, on her way out and she was supposed to know everything -medication changes and relay that information (to the rest of the staff)."</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET</b> <b>LEXINGTON, NC 27292</b>
---	--

(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 118	Continued From page 4  - "I ' m thinking staff were overwhelmed and confused" - a new procedure will be for the facility manager to review client ' s MARs at the end of each shift - the facility manager will be expected to review all medication changes - the QP will review MARs after the facility manager	V 118		