STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-036		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R 11/21/2018		
			A. BUILDING:			
		B. WING				
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RANKLIN	COUNTY GROUP HOM	IF #2	ANGE ROAD			
		LOUISB	URG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	E ACTION SHOULD BE COMPL D TO THE APPROPRIATE DAT	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow-up survey was completed 11/21/18. Deficiencies were cited.					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons to pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administere current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, ai (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests fo checks shall be record 	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following: and quantity of the drug; drug is administered; and f person administering the r medication changes or ded and kept with the MAR				
	checks shall be recor					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHL035-036 MHL035-036			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		B. WING		11	/21/2018	
ME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	N COUNTY GROUP HON	1F #2 29 STRA	NGE ROAD			
		LOUISB	URG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pag	e 1	V 118			
		as evidenced by: ew and interview, the staff cations were administered				
	on the written order of a physician for 2 of 3 audited clients (#1, #3). The findings are: Review on 11/16/18 of client #1's record revealed: - an admission date of 11/4/87					
	- an FL2 dated 2/26/18 with diagnoses including Moderate Intellectual Developmental Disability, Psychotic Disorder with delusion, Anxiety Disorder					
	and Seizure Disorder - a physician's ord Aripiprazole 20 mg, t	-				
	- the October 201	at hour of sleep 8 MAR had no lect the above medications				
	were administered or 10/11/18, 10/ - a physician's	n 10/10/18, 16/18, 10/17/18 or 10/24/18 order dated 3/14/17 with				
	(VNS) magnet twice	Vagus Nerve Stimulator daily cure disorder client is also on				
	- the October 2 documentation to refl was swiped at 8:00 F					
	10/10/18, 10/ 10/24/18	11/18, 10/16/18, 10/17/18 or				
	Daview on 11/16/19	of client #3's record revealed:				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-036			(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED R 11/21/2018		
			A. BUILDING:			
		B. WING				
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RANKLIN	N COUNTY GROUP HOM	IE #2	NGE ROAD			
			URG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 2	V 118			
	- an admission date of 6/1/18					
	- an FL2 dated 6/1/18 with diagnoses					
	including Mental Retardation, Seizure Disorder					
	and Liver Function					
	Abnormality					
	- physician's order dated 3/30/17 for one					
	Levetiracetam 500 mg to be administered twice					
	daily and for two Haloperidol 0.5 mg tablets to be					
	administered three times daily					
	- the September 2018 MAR had no					
	documentation to reflect Levetiracetam was					
	administered the morning of					
	9/3/18 or the evening of 9/26/18; no					
	documentation to reflect Haloperidol was					
	administered morning					
	of 9/3/18; no code documented to					
	indicate the 2:00 PM dose was administered off site					
	- the October 2018 MAR had no					
	documentation to reflect Haloperidol was administered at 8: PM on 10/10/18					
	or 10/11/18; no code documented to					
	indicate the 2:00 PM site	dose was administered off				
		order dated 9/12/18 for				
	Vitamin D2 1.25 mg t week	be administered once per				
		018 MAR had no				
	documentation to reflect Vitamin D was					
	administered 10/7/18	or 10/14/18				
	During an interview o	n 11/16/18, the Manager				
	reported she could check the schedule and find					
	out who was respons					
	medications those da	iys.				
		titutes a recited rule violation				
	and must be correcte	d within 30 days.]				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-036		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		11	R 11/21/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RANKLIN	I COUNTY GROUP HOM	E #2	NGE ROAD JRG, NC 27549			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 120	27G .0209 (E) Medication Requirements		V 120			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS					
	(e) Medication Storage:					
	(1) All medication shall be stored:(A) in a securely locked cabinet in a clean,					
	well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;					
	(B) in a refrigerator, if required, between 36					
	degrees and 46 degrees Fahrenheit. If the					
	refrigerator is used for food items, medications shall be kept in a separate, locked compartment					
	or container;					
	(C) separately for eac (D) separately for ext	ch client; ernal and internal use;				
	(E) in a secure manne	er if approved by a physician				
	for a client to self-mee (2) Each facility that r					
	controlled substances					
	-	North Carolina Controlled . 90, Article 5, including any				
	subsequent amendm					
	This Rule is not met	as evidenced by:				
	Based on observation	n and interview, the Manager				
	failed to assure media secure manner. The f	cation was stored in a findings are:				
		3/18 at approximately 11:50				
		ealed a Lantus Solostar cured in the refrigerator.				
		d she had seen the pen but				
	did not know who it belonged to because none of the clients were diabetic or used insulin.					