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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL029024 06/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 SHOAF STREET** THE WORKSHOP OF DAVIDSON-GROUP HOM LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 1 V 118 with a physician. 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: Review on 6-13-19 and 6-14-19 of client #1 's facility record revealed: Inese medications are - admitted 7-6-66 - 72 years old nerally in a mul - diagnosed with: - Mild Mental Retardation - Schizophrenia - Depressive Disorder - Deaf - Osteoarthritis - Tension Headaches - on 3-21-19 was prescribed by Primary Care Physician: - loratadine, 10 milligrams (mg) one, daily - flaxseed oil, 1000 mg two, twice daily Review on 6-13-19 of client #2 's facility record revealed: - admitted 12-5-96 - 42 years old -diagnosed with: - Intellectual Disability Disorder - Schizophrenia - Schizoaffective Disorder, Bipolar Type

6899

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING_ MHL029024 06/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 SHOAF STREET** THE WORKSHOP OF DAVIDSON-GROUP HOM LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 | Continued From page 2 V 118 By the Supervisor in Charge and as appropriedo the Group Home Coordinator - Gastro-Esophageal Reflux Disease - Sleep Apnea - on 10-4-18 was prescribed by Primary Care Physician: - Vascepa 1 gram (gm) one, daily - ranitidine 150 mg one, twice daily - loratadine 10 mg one, daily - on 2-4-19 was prescribed by Primary Care Physician: - benztropine mesylate 2 mg one, daily Finding #1: Failed to administer medications on written orders Review on 6-13-19 of client #2 's MAR revealed: - benztropine mesylate was administered twice daily from 2-4-19 until 2-14-19 Finding #2: Failed to keep a MAR for each client current and accurate Review on 6-14-19 of client #1 's MARs revealed: - loratadine was not documented as given: - 4-27-19 - 4-28-19 -flaxseed oil was not documented as given: - 4-27-19 am dose - 4-28-19 am dose - 4-5-19 pm dose - 4-6-19 pm dose - 4-7-19 pm dose - 4-26-19 pm dose - 4-27-19 pm dose - 4-28-19 pm dose - 4-29-19 pm dose

Review on 6-13-19 of client #2 's MARs

PRINTED: 06/19/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL029024 06/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 SHOAF STREET** THE WORKSHOP OF DAVIDSON-GROUP HOM LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 revealed: - Vascepa was not documented as given: - ranitidine was not documented as given: - 5-5-19 - 5-22-19 - benztropine mesylate was not documented as given: - 4-29-19 - 4-30-19 - loratadine was not documented as given: - 4-29-19

Division of Health Service Regulation

revealed:

- 4-30-19

Professional (QP) revealed:

forms

been

mistakes

on me at the time ..."

administration training."

Interview on 6-13-19 with the Qualified

client's medications changed frequently

- the facility has been creating their own MAR

- client #2 's benztropine mesylate had previously been prescribed to be given twice daily - the risks for errors was increased when

- during the month of February, the facility manager was transitioning out of employment, and possibly not as diligent as she should have

- the QP also reviews the MARs to reduce

- "it would be good going forward for staff making errors to have additional medication

Interview on 6-14-19 with the Residential Director

- "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)."

- nevertheless, "that 's on me, that would be

Division of Health Service Regulation

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
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V 118	- "I ' m thinking confused" - a new proced manager to review each shift - the facility mareview all medication	staff were overwhelmed and ure will be for the facility client 's MARs at the end of nager will be expected to	V 118	DEFICIENCY)							

Division of Health Service Regulation

CCI911





CARF Accredited

Vocational & Life Skills Training for Adults with Disabilities

June 24, 2019

Scott Walton, LCSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

JUL 0 1 2019

Lic. & Cert. Section

Dear Mr. Walton:

Please find enclosed the plan of correction required per your annual survey completed June 13, 2019 at The Workshop of Davidson Group Home I (MHL 029-024). Thank you for your assistance during this review.

Sincerely,

Kala Couy

Executive Director