FORM APPROVED 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: MHL059-067 05/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **501 FRENCH MOUNTAIN DRIVE** THOMAS HOME MARION, NC 28752 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on May 30, DHSR - Mental Health 2019. A deficiency was cited. JUN 2 8 2019 This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living in a Private Residence for Adults with Lic. & Cert. Section Developmental Disabilities. V 118 27G .0209 (C) Medication Requirements V 118 Correction and Prevention: 1. The PRN medication (Zofran) was 10A NCAC 27G .0209 MEDICATION REQUIREMENTS entered onto the Medication Administration (c) Medication administration: Record. (1) Prescription or non-prescription drugs shall only be administered to a client on the written 2. The AFL provider was trained on 5/30/19 order of a person authorized by law to prescribe and again on 6/26/19 on the process for PRN drugs. (2) Medications shall be self-administered by medications, which includes picking up the clients only when authorized in writing by the medication on the date it is prescribed, and client's physician. (3) Medications, including injections, shall be immediately adding it to the current medication administered only by licensed persons, or by administration record, regardless of the unlicensed persons trained by a registered nurse. intention to use the medication. pharmacist or other legally qualified person and privileged to prepare and administer medications. Monitoring: (4) A Medication Administration Record (MAR) of 1. The QDDP will review all medications in the all drugs administered to each client must be kept current. Medications administered shall be home monthly for 3 months and compare to the recorded immediately after administration. The current medication administration record. MAR is to include the following: 2. After monitoring monthly for 3 months, the (A) client's name; (B) name, strength, and quantity of the drug; QDDP will continue to monitor the medication (C) instructions for administering the drug; administration record monthly and discuss new (D) date and time the drug is administered; and (E) name or initials of person administering the PRN orders with the AFL provider monthly, but drug. will review all medications in the home every 3 (5) Client requests for medication changes or

months.

V8K911

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

checks shall be recorded and kept with the MAR

file followed up by appointment or consultation

STATE FORM

f continuation sheet

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ((X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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THOMAS	HOME		I, NC 28752	DRIVE			
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V 118	Continued From page 1		V 118				
	with a physician.						
	This Rule is not met as evidenced by:						
	Based on record review and interview, the facility						
	failed to keep current the MARs for 1 of 2 audited						
	clients (Client #1). The	e findings are:					
	Review on 5/23/19 of	Client #1's record revealed:					
	Date of admission: 11/5/13;						
	Diagnoses: Moderate Intellectual Developmental						
	Disability (IDD), Williams Syndrome, Spastic						
	Paraparesis, Edema, Restless Leg Syndrome; -3/22/19 physician-ordered Ondansetron (Zofran)						
	4 milligrams (mg) three times daily as needed						
	(PRN) to prevent naus						
	Review on 5/30/19 of 0	Client #1's MARs for the					
	months 3/2019, 4/2019 and 5/2019 revealed:						
	-Ondansetron (Zofran) was not listed on the						
	Client #1's MARs for 3	/2019 and 4/2019.					
	Interview on 5/30/19 w	ith the AFL Provider					
	revealed:						
		al medical walk-in clinic on					
	3/22/19 due to nausea and vomiting;						
	-Client #1 was provided a prescription for Ondansetron but she had not taken the						
	medication after the pre						
	-She stated she was av	ware that all client				- 1	
	medications needed to					- 1	
	MARs, even PRN medi						
	-A local pharmacy print MARs;	ed out the clients' monthly					
	-She was responsible f	or writing in new					
	medications on a client	's MAR that were added					
	during a month.					1	

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i I		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		B. WING							
NAME OF PROVIDER OR SUPPLIER STREET ADDI				05/30/2019					
			TATE, ZIP CODE						
THOMAS HOME 501 FRENCH MOUNTAIN DRIVE MARION, NC 28752									
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V 118 Continued From page 2		V 118							
Interview on 5/30/19 with the Professional revealed: -Her quarterly home visit with was a home review and inclucion medications, prescriptic reviewed the monthly client M	the AFL provider ded checking on ns and she								

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