

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2019
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DHSR - Mental Health

NAME OF PROVIDER OR SUPPLIER THE WORKSHOP OF DAVIDSON-GROUP HOM	STREET ADDRESS, CITY, STATE, ZIP CODE 226 WEST NINTH STREET LEXINGTON, NC 27292
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JUL 01 2019

(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
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Lic. & Cert. Section

V 000	INITIAL COMMENTS An Annual and Follow-Up Survey was completed on 6-13-19. A deficiency was cited. This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults	V 000	V118 To correct this issue all Group Home staff will receive a Refresher training in medication administration and documenting requirements. Confirmation of completion will be completed through signed documentation. - Also to assist in correcting and preventing errors the facility will no longer create MAR's in house but will use MAR's created by the pharmacy. - The Group Home Coordinator will review MAR's on a more frequent basis to ensure accuracy and to	Estimated completion date 08/01/2019
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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kevin D. P. BA TITLE
Executive Director (X6) DATE
06/24/19

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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 keep a Medication Administration Record (MAR) for each client current and accurate, including the name or initial of the person administering the drug, for 1 (client #1) of 3 clients surveyed. The findings are:</p> <p>Review on 6-12-19 of client #1 's facility record revealed:</p> <ul style="list-style-type: none"> - admitted 10-9-85 - 74 years old - diagnosed with: <ul style="list-style-type: none"> - Intellectual Disability Disorder - Dementia - Hypertension - Legally Blind - prescribed by his Primary Care Physician on 4-23-19: <ul style="list-style-type: none"> - oxybutynin ER (extended release) 10 mg (milligrams) one, daily - Quinapril/HCTZ (Hydrochlorothiazide) 10/12.5 mg one, daily in the morning - memantine HCL (hydrochloride) 5mg one, twice daily - donepezil HCL 5 mg one, in afternoon <p>Review on 6-13-19 of client #1 's MAR revealed his:</p> <ul style="list-style-type: none"> - oxybutynin was not documented as given on: <ul style="list-style-type: none"> - 4-12-19 - 5-6-19 	V 118	<p>ensure if follow up Rule Review is necessary it is completed.</p> <ul style="list-style-type: none"> - These medications are generally in a multi-pill Bubble so the failure was most likely in just documentation, not the failure to administer. - Staff will be encouraged to check through their documentation before they go off shift. <p>Follow up review will be completed by the supervisor in charge and as appropriate the Group Home Coordinator.</p>	

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - quinapril/HCTZ was not documented as given on: <ul style="list-style-type: none"> - 4-12-19 - memantine was not documented as given on: <ul style="list-style-type: none"> - 4-12-19 morning dose - 4-1-19 afternoon dose - 4-2-19 afternoon dose - 4-3-19 afternoon dose - 4-4-19 afternoon dose - 4-5-19 afternoon dose - 4-6-19 afternoon dose - 4-7-19 afternoon dose - 4-8-19 afternoon dose - 4-9-19 afternoon dose - 4-10-19 afternoon dose - 4-11-19 afternoon dose - 4-12-19 afternoon dose - donepezil was not documented as given on: <ul style="list-style-type: none"> - 4-11-19 afternoon dose - 4-12-19 afternoon dose <p>Interview on 6-13-19 with the Group Home Manager (GHM) revealed:</p> <ul style="list-style-type: none"> - she administered medications to clients - she documented on the MAR when medications were given - she reviewed other staff ' s MAR documentation - she reviewed physician ' s orders <p>Further interview failed to reveal how 18 doses of medications were given but not documented as given, if the GHM was reviewing MARs.</p> <p>Interview on 6-13-19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - she transports all clients to their doctor ' s appointments - she double-checks medication counts weekly 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - she also checks the MARs monthly to insure the medications were given as prescribed - the staff that was working and responsible for the 12 days of memantine not being documented as given, was given additional supervision regarding medication documentation - When asked about how this could continue for 12 days in a row, the QP stated, "That ' s on me, that would be on me. At the time we had some staff turnover and issues with one particular staff." - It would be good going forward for staff making MAR errors to have additional Medication Administration training. 	V 118		



CARF Accredited
Vocational & Life Skills Training
for Adults with Disabilities

DHSR - Mental Health
JUL 01 2019
Lic. & Cert. Section

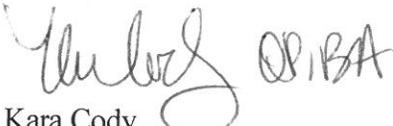
June 24, 2019

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

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 II (MHL 029-025). Thank you for your assistance during this review.

Sincerely,


Kara Cody
Executive Director

Mailing Address
P.O. Box 906
Lexington, NC 27293-0906

Location:
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Lexington, NC 27292

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