

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

DHSR - Mental Health

PRINTED: 06/03/2019
FORM APPROVED
OMB NO. 0938-0391

JUN 27 2019

Lic. & Cert. Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2019
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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253
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(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) COMPLETION DATE
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W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given as per doctor's orders. This affected 1 of 6 clients (#2) residing in the facility. The finding is:</p> <p>Client #2 did not get his medication with a meal as ordered.</p> <p>During observations of the medication administration pass on 5/28/19 at 4:35pm, client #2 received his medication (Amitiza 24mg) with less than a tablespoonful of pudding. He then did not eat dinner until 6:00pm.</p> <p>Review on 5/28/19 of the physician's order for the period of 4/4/19-7/2/19 signed by the physician on 4/2/19 revealed client #2 should take Amitiza 24mg 1 tab PO BID with a meal.</p> <p>Interview on 5/28/19 with the qualified intellectual disabilities professional (QIDP) confirmed the doctor's orders noted with a meal and he contacted the nurse who also confirmed the order to him. He stated that client #2 receives the same medication with crackers in the morning but not with a meal.</p>	W 368	<p><u>W 368 :</u></p> <p>By 6/3/19, the QP and consulting RN will meet to review and discuss client # 2's 90 day order. RN will seek to clarify from the PCP the necessary administration requirement for client # 2's existing medication. Furthermore By 6/6/19, the QP and RN will review the 90 day orders of all clients of the Poplar Street group home to identify any discrepancy with physician orders and make modifications as needed. By 6/27/19, The Dir. Of ICF will review/train the Consulting RN and QP to carefully review physician orders and to conservatively make sure that all medications are given per doctor's orders. A copy of training will be filed in Admin staff training record. Members of coordinating staff will review the implementation of new Meds weekly and fade to monthly monitoring as requirements are met. A copy of the observations will be forwarded to the QP and Dir. of ICF for review.</p>	7/8/19
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure</p>	W 369		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>B. Gardner</i>	TITLE <i>Dir of ICF</i>	(X6) DATE <i>6/21/19</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 369	Continued From page 1 that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given without error. This affected 1 of 3 audit clients (#1). The finding is: Client #1's medication was given at the wrong time. During observations of the medication administration pass on 5/29/19 at 6:25am, client #1 was given Cymbalta (Duloxetine) 60 mg. Review on 5/29/19 of the physician's orders for the period of 4/4/19-7/2/19 signed by the doctor on 4/2/19 revealed an order for Cymbalta 60mg 1 tab PO q HS (hour of sleep.) Interview on 5/29/19 with staff D revealed she has always given this medication at this time. However, she could only reveal one order from the bulletin board dated 10/10/18 which noted 30mg of Cymbalta should be given in the mornings. Interview on 5/29/19 with the qualified intellectual disabilities professional (QIDP) revealed the 10/10/18 order is not the last order. He seemed fairly certain the Cymbalta 60mg is to be given in the morning but confirmed the order says to give in the evening (HS).	W 369	<u>W 369 :</u> By 6/4/19, the QP and consulting RN will meet to review and discuss client # 1's 90 day order and reconcile to the MAR. The RN will seek to clarify from the psychiatrist the correct administration/physician order. Furthermore By 6/13/19, the RN will review the 90 day orders of all clients of the Poplar Street group home to reconcile with the MAR to make corrections to any discrepancy with physician orders and MAR as needed. By 6/27/19, The Dir. Of ICF will review/train the Consulting RN to carefully reconcile all medications on the 90 day orders with the MAR. A copy of training will be filed in Admin staff training record. Members of coordinating staff will review the implementation of new Meds (for their compliance with the MAR) weekly and fade to monthly monitoring as requirements are met. A copy of the observations will be forwarded to the QP and Dir. of ICF for review.	7/8/19
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 383		

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W 383	<p>Continued From page 2</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure only authorized personnel have access to the medication area. This potentially affected all individuals residing in the home. The finding is:</p> <p>Th facility failed to assure all individuals in the home could not have access to the medications.</p> <p>Upon observations on 5/28/19 at 4:10pm, staff B went and got keys from a cup in the unlocked cabinet left of the stove and went in the medroom. She then returned and put the keys back in the cup in the cabinet. At 4:35pm, staff B went and obtained the keys from the kitchen cabinet again and returned to the medication room and gave medications. After giving the medications, she returned and put the keys up in the kitchen cabinet. At 4:45pm, staff B retrieved the keys from the cup in the kitchen again and gave another individual meds. After she was finished she returned the keys at 5:25pm. At 5:50pm, the qualified intellectual disability professional (QIDP) obtained the keys from the cup in the kitchen to go to the medication room.</p> <p>Interview on 5/28/19 with staff B revealed they keep the keys in th cup there because if she put them in her pocket she may end up going home with them. Interview with staff D when asked what she does when she is the medication technician on duty and come s onto shift, revealed she is medication certified and upon arrival of her shift she obtains the key from the cup in the kitchen</p>	W 383	<p><u>W 383 :</u></p> <p>By 6/4/19, the QP and director of ICF will meet to review and discuss the proper control of access to the medication area. By 6/27/19, the best method/best practice will be reaffirmed and implemented. The Director of ICF will retain QP & Staff at the Poplar Street group home to ensure that only authorized personnel have access to the medication area. A copy of training will be filed in staff training record. Members of coordinating staff will monitor Med. area access weekly and fade to monthly monitoring as requirements are met. A copy of the observations will be forwarded to the QP and Dir. of ICF for review.</p>	7/8/19

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W 383	Continued From page 3 and counts the medications with another shift. She then puts the keys back until it is time to give medications. Interview on 4/28/19 with the QIDP confirmed they have kept the keys in the cup in the kitchen cabinet. He did not realize this was an issue. When told there was a regulation that states only authorized personnel can have access to the medication area he stated he thinks he remembers that they used to have a combination lock box outside the medication room	W 383			