

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
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NAME OF PROVIDER OR SUPPLIER KELLYS CARE #3	STREET ADDRESS, CITY, STATE, ZIP CODE 133 KEETER ROAD MOORESBORO, NC 28114
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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) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on June 26, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interview the facility failed to ensure prescription and non-prescription medications that had expired were disposed of in a manner that guards against diversion or accidental ingestion for 2 of 3 clients (Clients #1 and #2). The findings are:</p> <p>Observation of the facility on 6/25/19 at 12:30pm revealed: -3 bottles Polyethylene Glycol 3350 powder for Client #1. Bottle #1 was dispensed on 10/16/16 expired Oct 2017; bottle #2 dispensed on 1/18/18 expired Jan 2019 and bottle #3 dispensed on 2/12/18 expired Feb 2019. -Bubble pack card of Ibuprofen 800mg for Client #2 was dispensed on 4/18/18 and expired April 2019.</p> <p>Record review on 6/25/19 of April-June MARs for Client #1 revealed: -No Polyethylene Glycol was administered.</p> <p>Record review on 6/25/19 of April-June MARs for Client #2 revealed: -No Ibuprofen was administered.</p> <p>Interview on 6/26/19 with Licensee's Registered Nurse revealed: -She reviews MARs and makes sure the orders and meds match. She doesn't have time to get out to each home any more. -She had a new assistant/runner (started about 1 month ago) who helps new staff med processes and checks the med carts in each house. She was supposed to pull out all expired medications and return them to the office for the pharmacy to collect.</p>	V 119		

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V 119	<p>Continued From page 2</p> <p>-The previous assistant was a LPN (licensed practical nurse) and had staff using both electronic and paper MARs as well as managing med carts for needed refills and expired meds. -She felt that her assistant had collected the expired meds but just forgot to bring them back to the office. -She would have the assistant audit all the med carts again to make sure all expired meds were removed and sent back to the pharmacy.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 119		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to be maintained in a clean, attractive and orderly manner and free of offensive odor. The findings are:</p> <p>Observation of the facility on 6/25/19 at approximately 11am revealed: -Flooring in bathroom was carpeted and smelled of urine. -Exhaust fan in the same bathroom, hummed but did not appear to provide adequate ventilation for the bathroom.</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>-Flooring in kitchen showed some patching of newer linoleum tiles but the subfloor was still soft in several spots: 1)in front of the stove, 2)center of the floor and around the floor vent and 3)near living room threshold.</p> <p>-Client #3's bedroom behind his door had a hole in the wall likely from the doorknob.</p> <p>-Client #1's bathroom had a hole in the wall at the baseboard beside the shower base.</p> <p>Interview on 2/25/19 with Client #3 revealed: -He had asked to have toilet paper and paper towel holders mounted so the paper did not get wet. -He stated the ventilation in the bathroom was horrible because the vent didn't seem to work.</p> <p>Interview on 6/26/19 with the Qualified Professional/Director revealed: -He would have their maintenance man take care of all of the needed repairs.</p>	V 736		