

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
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NAME OF PROVIDER OR SUPPLIER PLEASANT VALLEY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE MURPHY, NC 28906
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 6/26/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to ensure physician orders were available and medications were administered as ordered for 1 of 3 (Client #1) audited clients. The findings are:</p> <p>Review on 6-25-19 and 6-26-19 or Client #1's record revealed: Admission date: 6-6-2000 Diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia, Keratoconus Seasonal Allergies, Periodontal Disease and Acute atopic conjunctivitis. No Physician orders available for: - Omega 3-Acid - Maxair - Triamcinolone - Hydroxyzine - Pepto- Bismol - Tylenol - Hall Cough Drops</p> <p>Observation on 6-25-19 and 6-26-19 of Client #1's Medications revealed: Singular 10 mg once a day Lorazepam 1.5 mg once a day Alaway eye drops twice a day 0.25% Hydroxyzine HCL 25 mg tab as needed - dispensed on 10-17-17 with a use by date of 10-17-18 - Ventolin HFA INH 18QM inhale 2 puff every 4 hours as needed Omega 3-Acid 1 gm 1 tablet 1-time day Cetirizine 10 mg 1 table 1-time day</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Maxair 0.2 mg every 4 hours PRN Triamcinolone cream - rub on area BID (allergies) Pepto-Bismol - oral 1-2 every 4 hours PRN Halls Cough Drops 1 drop Q2 hours coughing</p> <p>Review on 6-25-19 and 6-26-19 of April - June 2019 MARs revealed: - Cetirizine - 10 mg 1 tab 1 time daily ordered on 4-30-19 was not administered on 5-1 and 5-2, 2019. The medication bottle showed a dispensed date of 5-4-19.</p> <p>Interview on 6-26-19 with the Qualified Professional revealed: the medication orders would be secured for all standing orders. Staff who take clients to doctor appointments bring back a document that summarizes the appointment and lists medications. However, those summaries do not always include a doctor signature. He will instruct staff to have the doctor sign the document each time to ensure a doctor order is always in place for medications.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6 months for 1 of 3 sampled clients (#1). The findings are:</p> <p>Observation on 6/26/19 at 9:25am of the medications for Client #1 included: -Lorazepam - 1.5 mg once a day</p> <p>Review on 6/26/19 of the record for Client #1 revealed: -Admission date: 6-6-2000 -Diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia, Keratoconus Seasonal Allergies, Periodontal Disease and Acute atopic conjunctivitis. -Drug regimen reviews documented on 8/22/18 and 5/23/19.</p> <p>Interview on 6/26/19 with the Qualified Professional (QP) revealed: -The facility was doing a medication review once each year. -The QP thought the medication reviews for clients who received psychotropic medications were completed every 6 months.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 121		