

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-411</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/23/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HARVEST OF HOPE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2509 LANE STREET<br/>DURHAM, NC 27707</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 23, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</p>  | V 000         |   |                    |
| V 118              | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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         |   |                    |

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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:<br/>Based on record reviews and interview, the facility failed to record administered medications immediately affecting one of three clients (#3).<br/>The findings are:</p> <p>Review on 7/23/19 of Client #3's record revealed:<br/>-Admission date of 12/1/10.<br/>-Diagnoses of Major Depressive Disorder; Borderline Personality Disorder; Post Traumatic Stress Disorder; Type 2 Diabetes; Chronic Low Back Pain; Coronary Artery Disease; Hyperlipidemia; Hypertension.<br/>-Physician's order dated 5/30/19 for Ferrous Sulfate 384 mg, one tablet in the morning with food.<br/>-There was no evidence of a July 2019 MAR for the above medication.</p> <p>Interview with the Co-Administrator on 7/23/19 revealed:<br/>-The pharmacy did not print Ferrous Sulfate on the July 2019 MAR for Client #3.<br/>-She was under the impression that the medication had been printed on the MAR.<br/>-Staff had not realized that the medication had not been printed.<br/>-Pharmacy had delivered the medication to the home.<br/>-Orders for the medication was still active.<br/>-Ferrous Sulfate was administered for Client #3 for the month of July.<br/>-Staff did not document the medication because it was not printed on the July 2019 MAR for client #3.</p> | V 118         |   |                    |

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| V 118              | Continued From page 2<br><br>-She confirmed staff failed to record administered medication immediately for client #3.  | V 118         |   |                    |