

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2019
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NAME OF PROVIDER OR SUPPLIER NELSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10619 RIVER HOLLOW COURT CHARLOTTE, NC 28214
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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
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V 000 INITIAL COMMENTS

An annual survey was completed on 7/17/19. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities.

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 000

V 119

DHSR - Mental Health
AUG 06 2019
Lic. & Cert. Section

Please see attached for level I incident report. Medication disposed of with pharmacy. UTD medication delivered and renewed by QP 7/18/19. QP will monitor home 2x5 monthly for 6 months for medication administration and documentation. Next measure will be corrective action - final warning.

7/18/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] Clinical Director

TITLE
8/1/19

(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 records review, observations and interviews, the facility failed to ensure all expired medication was disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 2 clients (#1). The findings are:</p> <p>Review on 7/16/19 of client #1's record revealed: -admission date of 12/19/16 with the diagnoses of Intermittent Explosive Disorder, Schizophrenia, Dependent Personality Disorder, Affective Psychosis, Intellectual Developmental Disorder-Moderate and DiGeorge Syndrome; -Nursing Medication Audit completed by facility RN(Registered Nurse) on 6/13/19; -physician order dated 8/20/18 for Polyethylene Glycol (Miralax) one packet twice a week.</p> <p>Observation on 7/17/19 at 3:03pm of client #1's medications on site revealed: -Polyethylene Glycol (Miralax) one packet twice a week as in a sample box; -date of expiration on the box was 4/2018; -date of expiration on each of the remaining packets inside the box was 4/2018.</p> <p>Review on 7/16/19 and 7/17/19 of client #1's MARs from 5/1/19-7/16/19 revealed: -Polyethylene Glycol (Miralax) one packet twice a week was documented as administered as ordered for the months of May 2019, June 2019 and July 2019; -July 2019 MAR printed from the pharmacy listed the start date for Polyethylene Glycol (Miralax) one packet twice a week as 8/20/18(4 months after medication expiration date), fill date as 10/31/18 (6 months after medication expiration</p>	V 119		

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V 119	<p>Continued From page 2</p> <p>date) and an expiration date of 8/20/19.</p> <p>Interview on 7/17/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> -did not notice the Miralax was expired; -get the samples from the pharmacy; -plans to take the medication back to the pharmacy and discuss issue. <p>Interview on 7/17/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -was not aware the Miralax was expired; -the RN did an audit recently and did not catch it; -plan to address with the pharmacy; -plans to do an incident report also; -will ensure no expired medications in the future. 	V 119		



"Caring with Integrity"

Care Well of Charlotte; Inc Accident/Incident Report

Incident reports must be turned in within 24 hours of incident, or on Monday of the following week if incident happens on weekend. Please fax report to 704-727-7002 or hand deliver to Care Well office.

Consumer Name: [redacted] Consumer Number: [redacted]
 Date of Incident/Accident: 7/17/19 Time of Incident/Accident: 3pm
 Date of Report: 7/17/19 Person Reporting: Laura Lee, BAQP
 Consumer's Area Program: (Please circle) Carinal Innovations Vaya Health Partners Trillium Smokey Mountain

Were any emergency services utilized? (Please check if applicable)

- Police
- Fire Department
- Ambulance
- Hospital
- Other _____

State nature of accident/ incident, illness: (Give exact details including what occurred, witnesses, etc.)

On 7/17/19, OP went for biennial state survey with Gina McClain for the Nelson Home. During a review of [redacted] current medications, Ms. McClain discovered that the current prescription for Polyethylene Glycol, 3350 NF Powder, oral solution was current but medication had expired 4/2018. The Rx dates for this med were 8/20/18 - 8/20/19, with a Rx fill date of 10/31/18.

Action taken by care provider:

OP and AFL staff, Howard Nelson, called the pharmacy to report the incident and inform the pharmacy of expired sample box of the medication. OP asked about contraindications and side effects. Pharmacist assured both parties there would be none. Mr. Nelson

People notified of accident/incident (Care Well staff, parents/guardians, etc.):

1. Gina McClain
2. Luis Hernandez, E.D.
3. Joy Steele, President
4. _____

Signature of Provider: [Signature] Date: 7/17/19

Name of Care Well Staff that received report: Joy Steele Date received: 7/18/19



Please indicate area of injury on the diagram:

