

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/12/2019
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NAME OF PROVIDER OR SUPPLIER ROBESON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 104 EAST GERTRUDE STREET FAIRMONT, NC 28340
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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, complaint, and follow up survey was completed on August 12, 2019. The complaints were substantiated (intake #NC00154208 and #NC00154259). 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</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>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #4, and #5). The findings are:</p> <p>Finding #1: Review on 8/08/19 of client #1's record revealed: -29-year old male. -Admission date of 7/01/11. -Diagnoses of Intellectual Disability (Moderate), Unspecified Disease (blood and blood-forming organs), Bipolar Mood Disorder, and Seizure Disorder.</p> <p>Review on 8/08/19 - 8/09/19 of client #1's signed physician orders revealed: 5/23/19 -Triamcinolone Topical Cream 0.1%- Apply topically to affected area twice a day for 180 days.</p> <p>Review on 8/07/19 - 8/09/19 of client #1's August 2019 MAR revealed the following blanks: -Triamcinolone Topical Cream 0.1%- 8/01/19 at 7am.</p> <p>Interview on 8/09/19 client #1 did not respond to question regarding medication intake.</p> <p>Finding #2: Review on 8/08/19 of client #4's record revealed: -53-year old male.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Admission date of 7/01/11. -Diagnoses of Intellectual Disability (Moderate), Unspecified Hearing Loss, Diabetes Mellitus, Hyperlipidemia, Seborrhic Dermatitis, Seasonal Allergies, Hypersensitivity, Arthritis, Gastroesophageal Reflux Disease (GERD), and Insomnia.</p> <p>Review on 8/08/19 - 8/09/19 of client #4's signed physician orders revealed: 2/08/19 -Allergy (treats seasonal allergies)10 milligrams (mg)- One tablet daily. -Hydroxyzine Hydrochloride (treats anxiety and allergic reactions) 50mg- Two tablets daily.</p> <p>Review on 8/07/19 - 8/09/19 of client #4's May 2019 - August 2019 MARs revealed the following blanks: May 2019 -Hydroxyzine Hydrochloride- 5/31/19 at 8pm.</p> <p>August 2019 -Allergy- 8/04/19 - 8/05/19 at 7am.</p> <p>Interview on 8/09/19 client #4 did not respond to question regarding medication intake.</p> <p>Finding #3: Review on 8/08/19 of client #5's record revealed: -40-year old male. -Admission date of 5/10/17. -Diagnoses of Obsessive-Compulsive Disorder, Intermittent Explosive Disorder, Pervasive Developmental Disorder, Intellectual Disability (mild), Spastic Paraplegia, Congenital Myopathy, History of Seizures, and Hypertension.</p> <p>Review on 8/08/19 - 8/09/19 of client #5's signed physician orders revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>2/08/19 -Metoprolol Tartrate (treats blood pressure) 25mg- One tablet twice a day. -Polyethylene Glycol 3350 (treats constipation) 17 grams (gm)- Mix 17gms in 4-8 ounces of liquid daily.</p> <p>6/24/19 -Triamterene-Hydrochlorothiazide (treats blood pressure) 37.5mg/25mg- One Tablet daily.</p> <p>Review on 8/07/19 - 8/09/19 of client #5's May 2019 - August 2019 MARs revealed the following blanks: May 2019: -Polyethylene Glycol 3350- 5/15/19 at 8am.</p> <p>July 2019: -Polyethylene Glycol 3350- 7/15/19 and 7/20/19 at 8am. -Metoprolol Tartrate- 7/20/19 at 7am. -Triamterene-Hydrochlorothiazide- 7/20/19 at 7am.</p> <p>August 2019: -Triamterene-Hydrochlorothiazide- 8/02/19 at 7am.</p> <p>Interview on 8/09/19 client #5 stated he received his medications daily as ordered.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		