

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INNOVATIVE CARE OF RTP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 ELMSFORD STREET DURHAM, NC 27703</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>INITIAL COMMENTS</p> <p>An annual survey was completed on August 28, 2019. Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living</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, observation and interview, the facility failed to ensure the medication administration record (MAR) was available and current for one of three audited clients (#3). The findings are</p> <p>. Review on 8/28/19 of Client #3's record revealed: - Admission date of 8/3/19. - Diagnoses of Autism Spectrum Disorder and Severe Intellectual Disability.</p> <p>Review on 8/28/19 of Client #3's Physicians order dated 8/1/19 revealed: -Topamax 50mg tablet - take one table by mouth two times daily. -Abilify 20mg tablet - take one tablet by mouth every evening.</p> <p>Observation on 8/28/19 at 9:00 a.m. of Client #3's medication revealed the following was available: -Topamax 50mg tablet. -Abilify 20mg tablet.</p> <p>Review on 8/28/19 of Client #3's record revealed there was no MAR from August 4 - 28, 2019 for the following medication: -Topamax 50mg tablet - 8 p.m. -Abilify 20mg tablet - 8:00 a.m. and 8:00 p.m.</p> <p>Interview on 8/28/19 with the Owner revealed: -Client #3 was new to the home. -He was changing the pharmacy where client #3's medication was dispensed.</p>	V 118		

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V 118	Continued From page 2  -Client #3 did not have an August 2019 MAR with him upon admission. -Requested MAR form from his Qualified Professional and never received.	V 118		