

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2019
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NAME OF PROVIDER OR SUPPLIER PATRIOTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054
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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 8/15/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Developmentally Disabled Adults.</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		

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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: Based on record review and interview, the facility failed to ensure that prescription or non-prescription drugs were only administered to a client on tge written order of a person authorized by law to prescribe drugs, affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 8/13/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/5/19 - Diagnoses of Moderate Mental Retardation, Bipolar Disorder, and Pervasive Developmental Disorder - No medication orders <p>Review on 8/13/19 of Client #1's August MAR revealed:</p> <ul style="list-style-type: none"> - Famotidine 40mg, 1 tab by mouth twice daily - Levothyroxine 50mg, 1 tab by mouth daily - Loratadine 10mg, 1 tab by mouth daily - Divalproex 125mg, 1 cap up to twice daily as needed - Aripiprazole 10mg, 1 tab by mouth daily - Emergen-C Gummies, 500mg 3 times a day - Benztropine MES 1mg, 1 tab by mouth every night - Valproic Acid 250mg, 2 teaspoonfuls by mouth 3 times a day - Quetiapine Fumerate 300mg, 1 tab by mouth every night <p>Interview on 8/13/19 with the Director/COO revealed:</p> <ul style="list-style-type: none"> - Client #1 came with medications from his last 	V 118		

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V 118	Continued From page 2 group home, but that previous group home did not give them any orders. "We are in the process of obtaining orders." - Client #1 just moved into the home. They are getting all of his medications and orders switched over. Everything is in transition.	V 118		