

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COLUMBUS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 EAST COLUMBUS STREET</b> <b>WHITEVILLE, NC 28472</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 and follow up survey was completed on 9/20/19. 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 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 9/19/19 of facility records from 7/1/18 - 6/30/19 revealed: -1st quarter (7/01/18- 9/30/18): No disaster drills documented on the 2nd and 3rd shift. -3rd quarter (1/01/19- 3/31/19): No disaster drills documented on the 2nd shift.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	Continued From page 1  -4th quarter (4/01/19- 6/30/19): No disaster drills documented on the 3rd shift.  Interview on 9/19/19 the Group Home Manager stated: - 1st shift was 7:30am- 4pm. - 2nd shift was 4pm- 12am. - 3rd shift was 12am- 8am. - The weekend shifts were 8am- 8pm and 8pm- 8am.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	<p>Continued From page 2</p> <p>(D) date and time the drug is administered; and (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> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to keep the MARs current affecting one of three current clients (#4). The findings are:</p> <p>Review on 9/19/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 33-year old male.</li> <li>- Admission date of 8/20/19.</li> <li>- Diagnoses of Autism and Intellectual Disability (severe).</li> </ul> <p>Review on 9/19/19 of physician orders for client #4 dated 9/11/19 and 9/17/19 revealed:</p> <p>9/11/19</p> <ul style="list-style-type: none"> <li>- Melatonin (treats insomnia) 5 milligram (mg) tablet - One tablet daily at bedtime.</li> <li>- Chlorpromazine (treats mood disorders) 50mg tablet - One tablet in the morning, one tablet in the afternoon, and three tablets at bedtime.</li> <li>- Divalproex Sodium (treats seizure disorders and psychiatric conditions) 500mg - One tablet twice a day.</li> <li>- Propranolol (treats high blood pressure and angina) 20mg tablet - One tablet three times a day.</li> <li>- Clonazepam (treats seizures) 0.5mg tablet - One tablet three times a day.</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>9/17/19</p> <ul style="list-style-type: none"> <li>- Vitamin A &amp; D Ointment (treats dry skin) - Apply topically as needed for dry skin up to 30 days.</li> <li>- Vitamin D2 (treats hypoparathyroidism) 1.25 mg</li> <li>- One capsule every week.</li> <li>- Clotrimazole (treats skin infections) 1% cream - Apply topically twice a day for 30 days.</li> <li>- Triamcinolone (treats skin conditions) 0.5% cream - Apply topically twice a day for 14 days.</li> </ul> <p>Review on 9/19/19 of client #4's August 2019 and September 2019 MAR's revealed:</p> <ul style="list-style-type: none"> <li>- No transcribed entry for Triamcinolone 0.5% Cream, Vitamin A &amp; D Ointment, Clotrimazole 1% Cream, and Melatonin-5mg.</li> <li>- Missing initial for Clonazepam 0.5mg - 9/18/19 at 9:00pm.</li> <li>- Missing initial for Divalproex Sodium 500mg - 9/18/19 at 8:00pm.</li> <li>- Missing initials for Vitamin D2 1.25mg - 8/21/19, 8/28/19, 9/04/19, 9/11/19, and 9/18/19 at 8:00am.</li> <li>- Typed transcription for Propranolol 10mg tablet - Take one tablet by mouth three times a day.</li> <li>- Typed transcription for Chlorpromazine 25mg tablet - Take three tablets by mouth three times a day.</li> </ul> <p>Client #4 was verbally unresponsive during interview attempt.</p> <p>Interview on 9/19/19 House Manager stated:</p> <ul style="list-style-type: none"> <li>- Client #4 had been admitted to facility on 8/20/19.</li> <li>- Medication changes were made on 9/17/19 and should have been reflected on new MAR sent out with medications from the local pharmacy.</li> <li>- A corrected MAR with all current medication entries was scheduled to be retrieved on 9/19/19.</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>Call was placed by House Manager to local pharmacy on 9/19/19 to ensure correct medications were on hand and to obtain updated MAR to reflect recent changes. Corrected MAR from pharmacy was obtained prior to exit interview.</p> <p>Due to the failure to accurately document medication administration it could not be determined if client #4 received his 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		