

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL003-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2019
NAME OF PROVIDER OR SUPPLIER SAMUEL C EVANS JR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 ESTEP STREET SPARTA, NC 28675		
(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	INITIAL COMMENTS An annual survey was completed on August 29, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118	Group Home Director and/or Supervisor shall review Dr. orders preceding any medical appointments for medication changes. MARs shall be updated immediately upon receiving any orders for medication changes. Group Home Staff shall review MARs daily for changes and to verify medications received from pharmacy match the MAR. At the first of each month, the on-duty staff shall compare all medications for each resident in med closet to medications on the MAR hard copy and initial each med, verifying it matches the medication on hand for each resident. Group Home Supervisor will review the MAR hard copies monthly to verify each medication is initialed and has been checked.  9/10/19 Wesley E. Starling, BS, QP Director - ACGH, Inc. / ADVP	08/30/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAMUEL C EVANS JR GROUP HOME

**53 ESTEP STREET
SPARTA, NC 28675**

(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 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure MARs were current for 1 of 3 clients (#3). The findings are: Observation on 8/28/19 at 12:10PM of the medications for Client #3 revealed: -Benztropine Mesylate 2mg, dispensed on 8/14/19. Record review on 8/28/19 for Client #3 revealed: -Admitted on 6/30/99 with diagnoses of Bi Polar Disorder, Mild Intellectual Disorder, and Intermittent Explosive Disorder. -Physician's order dated 5/23/19 for Benztropine Mesylate 2mg, 1 tablet twice daily. Review on 8/28/19 of the June 2019-August 2019 MARs for Client #3 revealed: -MARs for all three months indicated the previously ordered 1mg dose of Benztropine Mesylate. The MARs were not updated when the dosage increased to 2mg. Interview on 8/29/19 with the Director/Qualified Professional revealed: -He shared oversight of medication with the Supervisor for the home. -Documentation was maintained for each physician visit. After each visit the consultation form was reviewed and then any new medication orders were noted and addressed on the MAR. -The medication change for Client #3 was overlooked and the MAR was not updated. -He confirmed that Client #3 had received the	V 118		

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NAME OF PROVIDER OR SUPPLIER SAMUEL C EVANS JR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 ESTEP STREET SPARTA, NC 28675		
(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 118	Continued From page 2 correct dosage since the order changed on 5/23/19.	V 118		

Appendix 1-B: Plan of Correction Form

Plan of Correction			
Please complete <u>all</u> requested information and email completed Plan of Correction form to:			
Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718			
Provider Name:	Samuel C Evans Jr Group Home	Phone:	336-372-561
Provider Contact Person for follow-up:	Wesley Starling, BS, QP	Fax:	336-372-5672
Address:	53 Estep St., PO Box 488, Sparta, NC 28675	Email:	advp@skybest.com
Finding	Corrective Action Steps	Responsible Party	Time Line
V 000 INITIAL COMMENTS V 000 An annual survey was completed on August 29, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 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; (D) date and time the drug is administered; and (E) name or initials of person administering the	Group Home Director and/or Supervisor shall review Dr. orders preceding any medical appointments for medication changes. MARs shall be updated immediately upon receiving any orders for medication changes. Group Home Staff shall review MARs daily for changes and to verify medications received from pharmacy match the MAR. At the first of each month, the on-duty staff shall compare all medications for each resident in med closet to medications on the MAR hard copy and initial each med, verifying it matches the medication on hand for each resident.	Wesley Starling, Director April Wall, Supervisor Each Group Home Staff administering medications	Implementation Date: Aug. 30, 2019 Projected Completion Date: Aug. 30, 2019

drug.

(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.

This Rule is not met as evidenced by:

Based on observation, record review and interviews the facility failed to ensure MARs were current for 1 of 3 clients (#3). The findings are:

Observation on 8/28/19 at 12:10PM of the medications for Client #3 revealed:

- Benztropine Mesylate 2mg, dispensed on 8/14/19.

Record review on 8/28/19 for Client #3 revealed:

- Admitted on 6/30/99 with diagnoses of Bi Polar Disorder, Mild Intellectual Disorder, and Intermittent Explosive Disorder.
- Physician's order dated 5/23/19 for Benztropine Mesylate 2mg, 1 tablet twice daily.

Review on 8/28/19 of the June 2019-August 2019 MARs for Client #3 revealed:

- MARs for all three months indicated the previously ordered 1mg dose of Benztropine Mesylate. The MARs were not updated when the dosage increased to 2mg.

Interview on 8/29/19 with the Director/Qualified Professional revealed:

- He shared oversight of medication with the Supervisor for the home.
- Documentation was maintained for each physician visit. After each visit the consultation form was reviewed and then any new medication orders were noted and addressed on the MAR.
- The medication change for Client #3 was overlooked and the MAR was not updated.
- He confirmed that Client #3 had received the correct dosage since the order changed on 5/23/19.