

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/16/2019
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NAME OF PROVIDER OR SUPPLIER SIMBELYN	STREET ADDRESS, CITY, STATE, ZIP CODE 211 SIMBELYN DRIVE NASHVILLE, NC 27856
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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 & follow up survey was completed on 9/16/19. A deficiency was cited.</p> <p>This facility is licensed for the following 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 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 1 of 6 clients (#2) MARs were kept current. The findings are:</p> <p>Review on 9/12/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted July 2019 - diagnoses of Moderate Intellectual Developmental Disorder; Diabetes Type 2; Explosive Personality & Seizures <p>Review on 9/12/19 of client #2's August 2019 MAR revealed the following medications:</p> <ul style="list-style-type: none"> - Desmopressin spray 1% use at bedtime (used to treat central cranial diabetes insipidus) - Primidone 50mg three times a day (can treat seizure disorder) - Lisinopril 5mg everyday (can treat high blood pressure) - Zolpidem 5mg bedtime (can treat insomnia) - Benzotropine 2mg twice a day (can treat Parkinson & side effects of other drugs) - Risperidone 4mg bedtime (can treat Schizophrenia bipolar disorder) - further review revealed the Desmopressin spray was not initialed 8/29/19-8/31/19 - no staff initials documented on 8/31/19 for any of the other medications <p>During interview on 9/16/19 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she checked the MARs at the end of each month for accuracy - she overlooked the blank spaces on the August 2019 MAR 	V 118		

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