

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2019
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330
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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 September 6, 2019. a deficiency was 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure a current treatment plan was completed for 1 of 3 audited clients. The findings are:</p> <p>Review on 8/30/19 of Client #1's record revealed: - Admission date of 3/22/19 - Diagnoses of Hypertriglyceridemia; Gastroesophageal Disease; Tobacco Dependence - Treatment plan found in the client's record was dated 6/1/18, prior to the client's admission..</p> <p>Interview on 8/30/19 with the Facility Director revealed: - He confirmed the client's current treatment plan was not in his record. - Client treatment plan had been updated and would be provided by the end of the survey, however, the updated treatment plan was not made available for review prior to the close of the survey.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to assure medications were administered according to physician's orders for 1 of 3 audited clients (#1.) The findings are:</p> <p>Review on 8/30/19 of Client #1's record revealed: - Admission date of 3/22/19 - Diagnoses of Hypertriglyceridemia; Gastroesophageal Disease; Tobacco Dependence - Physician's orders included: Orders dated 4/9/19 and 5/28/19 for the client to be administered: Paliperidone ER 6mg, once daily.</p> <p>Review on 8/30/19 of Client #1's July 2019 and</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>August 2019 MARs revealed:</p> <ul style="list-style-type: none"> - Staff documentation the client was being administered: Paliperidone ER 9mg, once in the morning. <p>Observation on 8/30/19 of Client #1's medications-on-hand at 5:30pm revealed:</p> <ul style="list-style-type: none"> - Paliperidone ER 9mg was among the client's medications with instructions for the medication to be administered once daily. - Pharmacy dispense date on the medication was 8/15/19. <p>Interview on 8/30/19 with the Facility Director revealed:</p> <ul style="list-style-type: none"> - He confirmed the most recent physician's order and the medication dose being administered to Client #1 did not match. - He said he would clarify the order with the client's physician and the pharmacy. 	V 118		