Division of Health Service Regulation

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(1) Preso only be a order of drugs. (2) Media clients on client's p (3) Media administe unlicense pharmac privileged (4) A Mediall drugs current. No recorded	REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall			2019 the QP/Home	
only be a order of drugs. (2) Medic clients or client's p (3) Medic administe unlicense pharmac privileged (4) A Medic all drugs current. No recorded				manager will monitor the	2
order of drugs. (2) Medic clients or client's p (3) Medic administe unlicense pharmac privileged (4) A Medic all drugs current. No recorded	only be administered to a client on the written				
(2) Medic clients or client's p (3) Medic administe unlicense pharmac privilegec (4) A Medic all drugs current. No recorded	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,			medications and MARs b	i-
clients or client's p (3) Medic administe unlicense pharmac privileged (4) A Med all drugs current. N				weekly to ensure all	
client's p (3) Medic administe unlicense pharmac privilegec (4) A Medic all drugs current. N recorded				medications are current	
(3) Medic administe unlicense pharmac privileged (4) A Medic all drugs current. Necorded					
administe unlicense pharmac privileged (4) A Med all drugs current. Necorded				and the MARs are kept	
pharmac privileged (4) A Med all drugs current. N recorded				current. QP will	
privileged (4) A Med all drugs current. N recorded				coordinate with the	
(4) A Med all drugs current. N recorded	cist or other le	gally qualified person and			
all drugs current. N recorded	orivileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept			pharmacy and physicians	
current. N				monthly to ensure the	
	Medications a	administered shall be		MARs are current and	
recorded immediately MAR is to include the		after administration. The		match the medication	
	to include the it's name;	following:			
		nd quantity of the drug;		labels. All Sunny Acres	
(C) instru	uctions for add	ministering the drug;		staff will be retrained in	
		drug is administered; and		Medication	
	e or initials of	person administering the		42.00 4.014.4 1 10.4 11.4 12.4 12.4 12.4 12.4 12.4 12.4 12	
	drug. (5) Client requests for medication changes or			Administration by	
	checks shall be recorded and kept with the MAR			10/24/19.	
		ointment or consultation			
with a phy	shall be record wed up by app				
on of Health Service R RATORY DIRECTOR'S (shall be record wed up by app nysician.	JPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE	R 24/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CHUR DRIVE							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE							
644 COUNTRY CLUB DRIVE							
SUNNY ACRES GROUP HOME 611 COUNTRY CLUB DRIVE							
FAYETTEVILLE, NC 28301							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID 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 V 118							
This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MARs current affecting one of three audited clients (#1). The findings are: Review on 09/24/19 of client #1's record revealed: -43 year old maleAdmission date of 03/01/95Diagnoses of Mild Mental Retardation, Autism, Hypertension and Diabetes. Review on 09/24/19 of client #1's Physician orders revealed: 07/24/19 -Quetiapine 200mg (milligrams) (used to treat schizophrenia) 1 tablet every morning and 2 tablets in the afternoonOxcarbazepine 300mg (used either alone or with other medicines to treat partial seizures) 1 tablet twice a day. 08/29/19 -Metoprolol Tartrate 10mg (treat angina (chest pain) and hypertension) Take 1 tablet by mouth twice a dayLisinopril 40mg(used to treat high blood pressure) 10mg 1 tablet orally dailyArnoldipine Besylate (used to treat high blood pressure) 10mg 1 tablet orally dailyAtorvastatin Calcium (used to treat high cholesterol) 10mg 1 tablet orally dailyFish Oil 1000mg (used together with diet and exercise to help lower triglyceride levels in the blood) 1 capsule orally 3 times a day.							

MO6311

PRINTED: 09/30/2019 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R B. WING MHL026-619 09/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE SUNNY ACRES GROUP HOME FAYETTEVILLE, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 2 V 118 and exercise to improve blood sugar control in adults with type 2 diabetes mellitus) 1 tablet orally twice a day. -Aspirin 81mg (used to treat pain, and reduce fever or inflammation) 1 tablet orally daily. Review on 09/24/19 of client #1's September 2019 MAR revealed the following blanks: -Quetiapine 200mg- 09/24/19 at 8am. -Oxcarbazepine 300mg- 09/24/19 at 8am. -Metoprolol Tartrate 100mg- 09/24/19 at 8am. -Lisinopril 40mg- 09/24/19 at 8am. -Amlodipine Besylate 10mg- 09/24/19 at 8am. -Atorvastatin Calcium 10mg- 09/24/19 at 8am. -Fish Oil 1000mg- 09/24/19 at 8am. -Meformin HCL 500mg- 09/24/19 at 8am. -Aspirin 81mg- 09/24/19 at 8am. During interview on 09/24/19 client #1 revealed he always received his medication in the morning and at night. During interview on 09/24/19 staff #1 revealed: -She gave all the clients their medication before they left the facility for day program. -She forgot to sign off on the MAR that she had administered the medication. During interview on 09/24/19 the Qualified Professional revealed: -Staff #1 had worked at the facility for the longest.

-It was not like staff #1 to not complete the MAR.

This deficiency constitutes a re-cited deficiency

and must be corrected within 30 days.

Sophia B. Pierce & Associates, Inc. 1422 Murchison Road PO Box 2813 Fayetteville, NC 28302 Phone (910) 488-8477 Fax (910) 822-1951

October 2, 2019

Dear Emily Jones,

Thank you for your recent visit to our facility on September 24, 2019. We have received the list of deficiencies and have already started making adjustments to comply with state regulations and guidelines. Enclosed you will find our plan of correction for those deficiencies. If you have any questions or concerns please contact our office at (910) 488-8477.

Sincerely,

Tiffang Der Tiffany Harrington

Qualified Professional

DHSR-Mental Health

Lic. & Cert. Section