

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL057-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2019
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NAME OF PROVIDER OR SUPPLIER MADISON COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 36 MOUNTAIN HEIGHTS AVENUE HOT SPRINGS, NC 28743
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 9/30/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117		

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

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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure all prescription medications available for administration were not expired and contained a current dispensing date for 1 of 3 sampled clients (Client #2). The findings are:</p> <p>Record review on 9/30/19 for Client #2 revealed: -Admission date of 3/1/04 with diagnoses of Moderate Intellectual Disability, Autism, Epilepsy, Cerebral Palsy, Seizure Disorder and Congenital Blindness.</p> <p>Observation on 9/30/19 at approximately 11am of medication bottles for Client #2 revealed: -Iron Sulfate 325mg take 1 daily during menses had expiration date of 8/2019. -Ibuprofen 600mg three times daily as needed dispensed 9/5/19.</p> <p>Interview on 9/30/19 with Staff #1 revealed: -She was the home coordinator and responsible for making sure medications were current and refills were obtained. -She had no idea some of the medications were expired. She would call the pharmacy immediately to replace the expired ones. -They had just returned from vacation and still trying to catch up with routines.</p> <p>Interview on 9/30/19 with the Director revealed: -They had worked really hard to keep medications/MARs correct and without issues. -She had been out with personal medical issues</p>	V 117		

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V 117	Continued From page 2 but felt Staff #1 was quite capable of managing the medications and fixing any problems.	V 117		
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		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 3 of 3 sampled clients (Clients #1, #2 and #3). The findings are:</p> <p>Record review on 9/30/19 for Client #1 revealed: -Admission date of 5/1/99 with diagnoses of Moderate Intellectual Disability and Infantile Hemiplegia. -Physician ordered medications included: --Azelaic Acid Gel 15% (rosacea) apply topically to face twice daily ordered 7/15/19. --Metronidazole .75% (rosacea) apply to affected areas on face twice daily for 2 weeks ordered 7/2/19. --Doxycycline 50mg (rosacea) once daily for 2 weeks ordered 7/2/19. --Zaditor (allergies) 1 drop each eye once daily ordered 6/13/19 for conjunctivitis. Order on 4/26/19 also included PRN (as needed).</p> <p>Review on 9/30/19 of MARs for July-September 2019 revealed: --Azelaic Acid Gel was initialed as administered on AM doses on 7/26/19, 7/30/19, 8/6/19, 8/8/19, 8/9/19, 8/13/19, 8/15/19, 8/20/19, 8/21/19, 8/22/19, 8/23/19, 8/27/19, 8/29/19, 9/1/19, 9/3/19, 9/5/19-9/8/19, 9/10/19, 9/21/19-9/28/19 and PM doses on 7/24/19-7/26/19, 7/29/19-7/31/19, 8/1/19, 8/5/19-8/8/19, 8/12/19-8/14/19, 8/19/19-8/23/19, 8/26/19, 8/28/19, 8/29/19, 9/1/19-9/12/19, 9/21/19-9/28/19. (Missed 63 doses of 134 doses) --Metronidazole was initialed as administered on 7/1/19-7/5/19, 7/9/19-7/21/19, 7/23/19. This order should have ended on 7/16/19. (3 doses missed and 6 doses past order)</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>--Doxycycline was initialed as administered on 7/2/19-7/5/19, 7/8/19-7/17/19. (2 doses missed) --Zaditor was not administered at all during July-September. (77 days missed)</p> <p>Record review on 9/30/19 for Client #2 revealed: -Admission date of 3/1/04 with diagnoses of Moderate Intellectual Disability, Autism, Epilepsy, Cerebral Palsy, Seizure Disorder and Congenital Blindness. -Physician ordered medications on 3/12/19 included: --Singular 10mg (allergies) once daily ordered 3/1/19. --Risperidone 0.5mg (behaviors) twice daily. --Fluticasone Prop 50mcg (allergies) 2 sprays each nostril once daily. --Tretinoin Cream 0.025% (acne) apply to face at bedtime. --Ensure (nutritional supplement) 1 can daily. Review on 9/30/19 of MARs for July-September 2019 revealed: --Singular was blank on 8/30/19. (1 dose) --Risperidone was blank on 7/23/19. (1 dose) --Fluticasone Prop was blank on 8/29/19. (1 dose) --Tretinoin Cream was blank on 8/27/19. (1 dose) --Ensure was not documented for any time during July-September. (92 days)</p> <p>Record review on 9/30/19 for Client #3 revealed: -Admission date of 3/1/05 with diagnoses of Mild Intellectual Disability, Seizure Disorder, Congenital Blindness and Vitamin D Deficiency. -Physician ordered medications on 6/27/19 included: --Acetazolamide (seizures) 250mg ½ tab twice daily. --Potassium Chloride Micro (low blood levels) 20meq once daily.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>--Carbatrol 200mg (seizures) 2 tabs twice daily. Review on 9/30/19 of MARs for July-September 2019 revealed:</p> <p>--Acetazolamide was blank on 7/30/19 pm dose. (1 dose)</p> <p>--Potassium Chloride Micro was blank on 8/22/19 and 9/11/19. (2 doses)</p> <p>--Carbatrol was blank on 7/30/19 pm dose. (1 dose)</p> <p>Interview on 9/30/19 with Client #1 revealed:</p> <p>-Got her medication every day-never missed any.</p> <p>-Believed she took a stool softener and another pill.</p> <p>Interview on 9/30/19 with Client #3 revealed:</p> <p>-Knew all of her meds and knew if they were missing.</p> <p>-Did not know the names of meds but knew how many she was supposed to take and when.</p> <p>-Staff #1 tricked her once by not putting all of her meds in the cup. "I told her what was missing."</p> <p>Interview on 9/30/19 with Staff #1 revealed:</p> <p>-Was unaware there were blanks on the MARs.</p> <p>-She counted medications when they came in and knew when refills were needed. If the numbers didn't match up she would investigate further. There were no discrepancies, so she knew the meds were given.</p> <p>-Client #1 would not get the lotion on her face until after she had showered at night. Meds were given prior to her shower and staff just forgot to go back to mark the MAR.</p> <p>-Client #1 did not have conjunctivitis. The doctor asked her if her eyes itched and she said yes. The eye drops had always been PRN.</p> <p>-They used to keep a check sheet to mark for the Ensure but don't any more- not sure where the sheet went but would start documenting again.</p>	V 118		

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