STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-062	A. BUILDING: _____ B. WING _____	R 10/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-SIMMONS	801 SIMMONS STREET GOLDSBORO, NC 27530

(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 October 15, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire drills held at least quarterly and repeated on each shift. The findings are: Review on 10/15/19 of facility records from January 2019 thru September 2019 revealed the following documented fire drills: - January 2019 - 7am. - February 2019 - 5pm. - March 2019 - 8am.	V 114		

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V 114	Continued From page 1 - April 2019 - 10pm. - May 2019 - 7am. - June 2019 - 7pm. - July 2019 - 8am. - August 2019 - 10pm. - September 2019 - 7am. Interview on 10/15/19 the Group Home Director: - 1st shift is 6am - 2pm. - 2nd shift is 2pm - 10pm. - 3rd shift is 10pm - 6am. - She understood fire drills needed to be completed on each shift quarterly.	V 114		
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;	V 118		

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V 118	Continued From page 2 (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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#2). The findings are: Review on 10/15/19 of client #2's record revealed: - 49 year old male. - Admission date 07/09/14. - Diagnoses of Moderate Intellectual Developmental Disability, Mental Disorder-Unspecified, Constipation, PICA, Mood Disorder and Hyperlipidemia. Review on 10/15/19 of client #2's signed FL-2 dated 06/10/19 revealed the following medication orders. - Protonix (Pantoprazole-treats reflux disease) - 40 milligrams (mg) take once daily. - Miralax (treats constipation) - mix one capful in 8 ounces of orange juice daily. - Ativan (anti-anxiety) 1mg - take one tablet 4 times daily. A. Review on 10/15/19 of client #2's June 2019 thru October 2019 MARs revealed the following	V 118		

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V 118	Continued From page 3	V 118		

transcribed entry:
- Protonix 40mg - take one tablet twice daily.
- Staff initials to indicate the Protonix was administered twice daily rather than once a day as ordered.

Observation on 10/15/19 at approximately 10:00am of client #2's medications revealed:
- Protonix 40mg blister pack.
- Directions to administer Protonix 40mg twice daily.

B. Review on 10/15/19 of client #2's September 2019 and October 2019 MARs revealed:
September 2019
- Miralax was not administered due to no medication at the facility.

October 2019
- Miralax was not administered from 10/01/19 thru 10/06/19 due to no medication at the facility available for administration.
- Ativan no staff initials to indicate administration on 10/05/19 - Saturday at 12pm and 10/06/19 - Sunday at 12pm.
- Ativan was not administered on 10/12/19 and 10/13/19 due to no medication at the facility available for administration.

Interview on 10/15/19 client #2 stated he received his medications daily as ordered.

Interview on 10/15/19 the Group Home Director stated:
- The pharmacy had not received the order change for client #2's Protonix in June 2019. The facility nurse was following up with the pharmacy and physician to ensure client #2 received the correct medication.
- She was not aware client #2's Miralax had run

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V 118	Continued From page 4 out. - Client #2 received Ativan at the day program at 12pm Monday thru Friday. Staff of the group home administer the Ativan at 12pm on the weekends. - The Ativan should have been available for administration. - She would follow up with staff regarding mediation issues. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		