

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 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:</p> <ul style="list-style-type: none"> - 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>Interview on 8/30/19 with the Facility Director revealed:</p> <ul style="list-style-type: none"> - 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. 	V 112		
V 118	<p>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</p>	V 118		

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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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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: - Staff documentation the client was being administered: Paliperidone ER 9mg, once in the morning.</p> <p>Observation on 8/30/19 of Client #1's medications-on-hand at 5:30pm revealed: - 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> <p>Interview on 8/30/19 with the Facility Director revealed: - 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.</p>	V 118	<p>Effective 09/07/19, the physician's orders, FL-2, and MAR all match.</p> <p>PFCS Residential Manager and Nurse will ensure that the medications on the physician's order, FL-2, and MAR all match with each medication change for each consumer.</p> <p style="text-align: center;">DHSR-Mental Health OCT 17 2019 Lic. & Cert. Section</p>	<p>Implementation Date: 09/07/19</p> <p>Projected Completion Date: Ongoing</p>

Signature: LB ma/QP
Leon Robinson, QP Residential Manager

Date: 10/09/2019