

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/17/2019
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NAME OF PROVIDER OR SUPPLIER BTW HOME CARE SERVICES III	STREET ADDRESS, CITY, STATE, ZIP CODE 781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type B rule violation was completed on October 17, 2019. This was a limited follow up survey, only: 10A NCAC 27G .0209c Medication Administration (V118) and 10A NCAC 27G .0209h Medication Errors (V123) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0209c Medication Administration (V118) and 10A NCAC 27G .0209h Medication Errors (V123) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>(5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 Paraprofessional staff (#1) demonstrated skills and abilities required for the population served. The findings are:</p> <p>a. Review on 10/17/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date 7/18/10 - diagnoses of Mild Intellectual and Developmental Disorder, Depressive Disorder, Schizoaffective Disorder, Diabetes, Hypertension, Alcohol Abuse, Cocaine and marijuana Dependence and Substance Induced Mood Disorder - a doctor's order dated 3/5/19 for Buspirone 15mg 1 tablet twice daily - a doctor's order dated 8/30/19 changing his Buspirone from 15mg twice daily to 5 mg twice daily - MAR for September 2019 revealed Buspirone was still listed at 15mg twice daily. This MAR was initialed from the 1st to the 30th. - a Medication Disposal form revealed 30 tablets of Buspirone 15mg was disposed of on 10/2/19. 	V 110		

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V 110	<p>Continued From page 2</p> <p>During an interview on 10/17/19, a representative from the prescribing pharmacy reported they filled a prescription for Buspirone 5mg on 8/30/19 and sent it to the client's group home the same day.</p> <p>During an interview on 10/17/19, staff #1 reported she gave client #3 the Buspirone sent from the pharmacy on 8/30/19. She stated it was an oversight that she did not change the MAR. The MAR for October, 2019 was already printed with Buspirone at 5mg twice daily.</p> <p>b. Review on 10/17/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 4/17/19 - diagnosis of Schizoaffective Disorder - a doctor's order dated 7/5/19 for Fluoxetine 10mg 1 tab at hour of sleep and Olanzapine 5mg 1 tab at hour of sleep - the MAR for October, 2019 had the two medications listed. There was no documentation on the MAR that the medications had been administered. <p>Review on 10/17/19 of staff #1's personnel record revealed she received medication administration training from a Registered Nurse on 11/14/18.</p> <p>During an interview on 10/17/19, staff #1 reported:</p> <ul style="list-style-type: none"> - she had worked for the agency for approximately 6 years - she had been trained in medication administration several times the last being late in 2018 - she administered medications by taking the medications out and comparing them to what was on the MAR. She then gave the person the medications. She did not sign the MAR until all 	V 110		

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V 110	<p>Continued From page 3</p> <p>medications were given to all the clients.</p> <ul style="list-style-type: none"> - she was not trained to do it this way. She was trained to document on the MAR immediately after giving each client their medication - she was not sure why she did not notice she had not signed the MAR when she was checking the MAR against the actual medication - she made this same mistake (not initialing the MAR) with the same client just before the last DHSR (Division of Health Service Regulation) surveyor came out to audit the program - she probably missed initialing client #1's MAR because hers was the last section in the MAR book and had very few pages in it. - she switched client #1's MARs to the front of the MAR book so she would not miss signing it. <p>During an interview on 10/17/19, the Chief Financial Officer (also the co-Licensee) reported she would ensure staff #1 was retrained in medication administration.</p>	V 110		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>(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:</p> <ul style="list-style-type: none"> (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. <p>(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 observation, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was kept current for one of three audited clients (#3) and failed to record on the MAR immediately after administration for 1 of 3 audited clients (#1). The findings are:</p> <p>a. Observation on 10/17/19 at 10:15am revealed clients #3's medications included:</p> <ul style="list-style-type: none"> - Bupirone 5mg - 1 tablet twice daily <p>Review on 10/17/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date 7/18/10 - diagnoses of Mild Intellectual and Developmental Disorder, Depressive Disorder, Schizoaffective Disorder, Diabetes, Hypertension, Alcohol Abuse, Cocaine and marijuana 	V 118		

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V 118	<p>Continued From page 5</p> <p>Dependence and Substance Induced Mood Disorder</p> <ul style="list-style-type: none"> - a doctor's order dated 3/5/19 for Buspirone 15mg 1 tablet twice daily - a doctor's order dated 8/30/19 changing his Buspirone from 15mg twice daily to 5 mg twice daily - MAR for September 2019 revealed Buspirone was still listed at 15mg twice daily. This MAR was initialed from the 1st to the 30th. - a Medication Disposal form revealed 30 tablets of Buspirone 15mg was disposed of on 10/2/19. <p>During an interview on 10/17/19, a representative from the prescribing pharmacy reported they filled a prescription for Buspirone 5mg on 8/30/19 and sent it to the client's group home the same day.</p> <p>During an interview on 10/17/19, staff #1 reported she gave client #3 the Buspirone sent from the pharmacy on 8/30/19. She stated it was an oversight that she did not change the MAR. The MAR for October, 2019 was already printed with Buspirone at 5mg twice daily.</p> <p>b. Observation on 10/17/19 at approximately 10:45am revealed clients #1's medications included:</p> <ul style="list-style-type: none"> - Olanzapine 5mg - 1 tablet at hour of sleep - Fluoxetine 10mg - 1 tablet at hour of sleep <p>Review on 10/17/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 4/17/19 - diagnosis of Schizoaffective Disorder - a doctor's order dated 7/5/19 for the 2 medications listed above - the MAR for October, 2019 had the two medications listed. There was no documentation 	V 118		

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V 118	<p>Continued From page 6</p> <p>on the MAR that the medications had been administered.</p> <p>During an interview on 10/17/19, staff #1 reported:</p> <ul style="list-style-type: none"> - she had worked for the agency for approximately 6 years - she had been trained in medication administration several times the last being late in 2018 - she administered medications by taking the medications out and comparing them to what was on the MAR. She then gave the person the medications. She did not sign the MAR until all medications were given to all the clients. - she was not trained to do it this way. She was trained to document on the MAR immediately after giving each client their medication - she was not sure why she did not notice she had not signed the MAR when she was checking the MAR against the actual medication - she made this same mistake (not initialing the MAR) with the same client just before the last DHSR (Division of Health Service Regulation) surveyor came out to audit the program - she probably missed initialing client #1's MAR because hers was the last section in the MAR book and had very few pages in it. - she switched client #1's MARs to the front of the MAR book so she would not miss signing it. <p>During an interview on 10/17/19, the Chief Financial Officer (also the co-Licensee) reported she would ensure staff #1 was retrained in medication administration.</p>	V 118		