

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-424</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/02/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ELMHURST RIDGE COURT HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4800 ELMHURST RIDGE COURT<br/>RALEIGH, NC 27616</b> |
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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 000              | <p><b>INITIAL COMMENTS</b></p> <p>An Annual Survey was completed on 10/02/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>   | V 000         |   |                    |
| V 118              | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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> <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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <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> | V 118         |   |                    |

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

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| V 118              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, record review and interview, the facility failed to administer medications as prescribed by the physician. The findings are:</p> <p>A. Review on 10/02/19 of client #3's record revealed:<br/>-Admitted: prior to 2005<br/>-Diagnoses which included Mild Intellectual Developmental Disability, GERD (Gastroesophageal Reflux Disease), Hypertension Irritable Bowel Syndrome<br/>-FL-2 dated listed 09/19/19 listed Prilosec 20 mg take one tablet daily<br/>-August-October 2019 MAR listed Prilosec 20 mg take two tablets daily</p> <p>Observation on 10/02/19 at 3:00 PM of client #3's medications Prilosec 20 mg take two tablets daily</p> <p>B. Review on 10/02/19 of client #2's record revealed:<br/>-Admitted: prior to 2005<br/>-Diagnoses which included Mild Intellectual Developmental Disability, Autism and Lupus<br/>-FL-2 dated 09/19/19 listed Hydroxychloroquine 200 mg take one tablet daily (used to treat Rheumatoid Arthritis)<br/>-August-October 2019 MAR listed Hydroxychloroquine 200 mg take two tablets daily</p> <p>Observation on 10/02/19 at 3:15 PM of client #2's medications Hydroxychloroquine 200 mg take two tablets daily.</p> | V 118         |   |                    |

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| V 118              | Continued From page 2<br><br>During interview on 10/02/19, the Licensee reported:<br>-She completed the information on the FL-2 and the physician signed the form at the medical appointment.<br>-Prior to this interview, she was not aware of the incorrectly transcribed orders for Prilosec and Hydroxychloroquine. | V 118         |   |                    |