Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL010-092	B. WING		11/0	1/2019
NAME OF				STATE ZID CODE		0.10
NAIVIE OF	PROVIDER OR SUPPLIER		OINT ROAD	STATE, ZIP CODE		
COST C	ARE HOME		ORT, NC 284	161		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual survey w Deficiencies were c	ras completed on 11/1/19. ited.				
		sed for the following service C 27G .5600F Alternative				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person andrugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength,  (C) instructions for a (D) date and time the (E) name or initials drug.  (5) Client requests a checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Ininistration Record (MAR) of led to each client must be kept administered shall be ely after administration. The				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL010-092	B. WING		11/0	01/2019	
	PROVIDER OR SUPPLIER	99 HIGHP	DRESS, CITY, S OINT ROAD ORT, NC 284				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	failed to ensure me as ordered by the p accurate MAR to in immediately after a audited (clients #1 and the finding #1: Review on 11/1/19 -26 year old male and and and the finding #1 an	view and interview, the facility dications were administered physician and maintain an clude recording medications dministration for 2 of 2 clients and #2). The findings are:  of client #1's record revealed: dmitted 4/1/19. d anoxic brain damage, vasive developmental disorder; order with mood disorder and beizures, and hypothyroidism. In the for abscesses to include ge (I&D) of an abscess on his The physician ordered ith Bactrim DS (double nilligram) sulfamethoxazole poprim) and Bactroban					

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DIVISION	of Health Service Re	guiation					
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		MHL010-092	B. WING		11/0	1/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
			OINT ROAD				
COST CA	ARE HOME		ORT, NC 284				
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(X5)	
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE	
				BEI IGIENGT)			
V 118	Continued From pa	ge 2	V 118				
	the morning. (Horm	one replacement)					
	-Orders dated 8/6/1						
		mg daily (depression)					
	-Risperidone 1	mg twice daily (mental/mood					
	disorders)						
		the use of Bactroban for					
		reatment or frequency or					
	duration of Chlorhe	xidine scrub.					
	Review on 11/1/19	of the October and November					
	2019 MARs revealed						
	-Medications scheduled to be administered at 8						
	am had not been documented as administered on						
	11/1/19 at 8 am. These medications were:						
	-Levothyroxine	•					
	-Fluoxetine 20 i						
	-Risperidone 1	ed 10/14/19, Chlorhexidine					
		and Mupirocin 2% ointment,					
		cribed to the October 2019					
	MAR and had not been documented as						
	administered.						
	Finding #2:	admitted 4/4/40					
	-37 year old female						
		d developmentally disabled, eractive disorder (ADHD),					
	gastroesophageal r						
	constipation.	chax disorder, and					
		9 for Guanfacine ER					
	(extended release)	1 mg daily. (ADHD)					
		for Docusate Sodium 100 mg					
	daily. (constipation)						
		for Amethia-Lo daily.					
	(manage menstrual	i cycle)					
	Review on 11/1/10	of client #2's November 2019					
	MAR revealed:	or one it #2 3 November 2013					
		ocusate Sodium, and					
		cheduled to be administered at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL010-092	B. WING		11/01/	/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
COST CARE HOME		OINT ROAD ORT, NC 284			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
Interview on 11/1/19 -She had administered client #1 and client # -Typically she would medications given for administered the every she administered the every she administered client #1's wound har error to not trans document when medication and when the physician will be a mose. She had done the Each household fammedication; she would dispensed for the client stated: -She knew the Licent document medication after administration.	tions scheduled for 8 am had a administered on 11/1/19.  the Licensee stated: ed the 8 am medications for 22. sign the MARs for or the day after she ening medications. Ident #1's Bactrim DS and 2019 as ordered. It was acribe this on the MAR and dications were administered. It was been with other household client #1 to have MRSA. Wrote to use Bactroban for 2019 the medication in their 2019 the Market Wall and their own and 2019 the Market Wall and 2019 the	V 118			

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