

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL002-017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/25/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>438 OLD WILKESBORO ROAD TAYLORSVILLE, NC 28681</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 October 25, 2019. 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	(1) Turning Point Services, Inc. staff will follow our Medication Requirement Policy (3090). This policy states that all prescription and non-prescription medication shall be disposed in a manner that guards against diversion or accidental ingestion.	
V 119	<p><b>27G .0209 (D) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p>	V 119	<p>(2) Policy (3090) points out the flushing procedure such as preparing a statement listing all medications that are disposed, including amounts. Flush medications in the presence of a witness. Person disposing medications and the witness sign and date the statement of disposal. The statement is then attached to the MAR. Remove or scratch out all information on prescription bottles or packages to make information readable. An alternate method procedure would be mix medications with an undesirable substance such as kitty litter or coffee grounds.</p> <p>(3) Policy (3090) also indicates that controlled medications must be disposed by using the following methods. Staff will prepare the Medication Disposal Statement and Controlled Drug Count Form. Every effort will be made to return medication to (1) a local pharmacy that accepts disposed medication, (2) a local law enforcement office that accepts disposed medications.</p> <p>(4) Upon discharge of a patient or resident their medication must be disposed of within thirty days after the date of the discharge. When a patient or resident moves from one residence to another, at least 2 of the following persons <b>MUST</b> be present to accomplish the transfer of the medication: <input checked="" type="checkbox"/></p>	

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

STATE FORM

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If continuation sheet 1 of 3

*Donna Hurm, Ph.D., Director*  
Assistant Clinical Services Director

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V 119	Continued From page 1  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to dispose of all prescription and non-prescription medication in a manner that guarded against diversion or accidental ingestion. The findings are:  Observation on 10/21/19 at approximately 5:40 pm of the facility's non-prescribed, over-the-counter (OTC) internal and external medications revealed: -The OTC medications were as needed (PRN) client medications; -The following OTC medications were expired: -Milk of Magnesia, expired 7/2019; -Ibuprofen IB (nonsteroidal anti-inflammatory), expired 2/2019; -Anti-diarrheal medication, expired 7/2018; -Anti-itch topical cream, expired 1/ 2017; -Anti-fungal topical cream, expired 8/2015.  Observation on 10/21/19 at 5:46 pm of the external OTC medications revealed: -A tube of mupirocin ointment (Bactroban) 2% which had a prescription label with Client #2's name on the label and an expiration date of 4/21/17.  Interview on 10/21/19 with the Residential Manager revealed: -All expired prescribed medications were to be returned to the pharmacy for proper disposal; -Expired OTC medications were discarded at the facility; -She was not aware Client #2's mupirocin ointment which had expired was in the bin with the external OTC medication; -Clients rarely used OTC medications so it was	V 119	terminating residential provider, the assigned TPS Qualified Professional or designee; the new residential provider. At least two persons present count medications and document count on the medication administration record. The MAR is also officially transferred from the old to the new residential provider at this time. Policy (3090) has been revised as of 11/07/2019 to assure this language.  Prevention: Measures that will be put in place to correct the deficiencies with regard to failure to dispose expired medications in a manner that guards against diversion or accidental ingestion: A formal training will be developed and provided to all staff on the topic of disposing medications and checking expiration dates monthly. The training should be delivered before November 22, 2019 inclusive of a certificate included in everyone's privileging file. This training will occur annually with all residential programs, licensed AFL's and day programs.  Monitoring and Frequency: TPS Residential Manager will review the Over The Counter Medication Quality Control Checklist together monthly along with the TPS Residential Coordinator. The Residential Coordinator and Qualified Professional will ensure that when prescription and non-prescription medications are expired that all staff are following TPS policies and procedures and documenting all expired	

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V 119	Continued From page 2  possible she and staff forgot to check the expiration dates on these non-prescribed medications; -She was responsible to ensure the disposal of all expired prescribed and non-prescribed medications; -She would correct this situation from a reoccurrence.	V 119		

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