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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2019
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NAME OF PROVIDER OR SUPPLIER TRI-CITY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 132 BELLVUE STREET FOREST CITY, NC 28043
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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
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V 000	INITIAL COMMENTS An annual survey was completed on October 8, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<p style="text-align: center;">DHSR-Mental Health NOV 06 2019 Lic. & Cert. Section</p> <p style="text-align: center;">Page Intentionally left blank</p>	
V 118	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 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.	V 118		

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

Nancy Kouze Director of Program Operations 10/30/19

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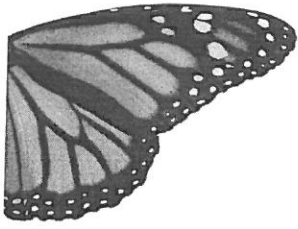
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the MAR's were kept current for 1 of 3 audited clients (Client #4). The findings are:</p> <p>Record review on 10-7-19 for Client #4 revealed: -Admitted on 10-11-96; -Diagnoses included Major Depressive Disorder Recurrent Episode Severe, Mild Intellectual Developmental Disorder, Moderate Mental Retardation, Impulse Control Disorder, Allergic Rhinitis; -Physician's orders dated 8-6-19 included the following medications: -lorazepam (taken for anxiety) 0.5 mg 1 tablet by mouth twice per day; -oxybutynin (taken for overactive bladder) 5 mg 1 tablet by mouth twice per day; -montelukast sodium (taken for asthma) 10mg 1 tablet by mouth each night at bedtime; -donepezil hydrochloride (taken for cognition) 5 mg 1 tablet by mouth each night at bedtime.</p> <p>Review on 10-7-19 of Client #4's August 2019 MAR revealed: -The following medications were not documented as given by staff on 8-31-19: -lorazepam (taken for anxiety) 0.5 mg 1 tablet by mouth twice per day; -oxybutynin (taken for overactive bladder) 5 mg 1 tablet by mouth twice per day; -montelukast sodium (taken for asthma) 10mg 1 tablet by mouth each night at bedtime; -donepezil hydrochloride (taken for cognition) 5 mg 1 tablet by mouth each night at bedtime.</p>	V 118	Page Intentionally left blank	
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V 118	Continued From page 2 Interview on 10-7-19 with the Residential Manager revealed: -She reviews the client MAR's monthly; -She was unaware the medications for Client #4 were not initialed by staff on 8-31-19; -Client #4 was not on a leave of absence on 8-31-19 and would have been at the facility; -The log of controlled medications showed the count for Client #4's lorazepam was accurate at shift change on 8-31-19; -She stated the medications were given and the documentation was an oversight by the nightshift staff. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118	V118: Per Monarch's medication management policy staff who neglected to initial receipt of medications on MAR received an oral counseling disciplinary action on 10-15-19 Staff making error will be required to have 3 supervised medication passes. Team Leader (QP) will meet with manager to discuss mechanism for assuring MARs are reviewed monthly. Manager will re-Inservice staff on medication administration procedures at the next staff meeting.	10-15-19 11-15-19 11-30-19 11-30-19



November 1, 2019

Maria Smith, Nurse Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual 10/8/19 – Tri City Group Home

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
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252-289-6512

