

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
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NAME OF PROVIDER OR SUPPLIER WIMBLEDON SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 WIMBLEDON DRIVE #101 GREENVILLE, NC 27858
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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>INITIAL COMMENTS</p> <p>A follow up survey was completed on November 6, 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}		
{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> <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}	<p>RECEIVED</p> <p>DEC 04 2019</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Amelinda Perez

TITLE

Regional Director

(X6) DATE

11-24-19

Division of Health Service Regulation

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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, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of two clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 11/01/19 of client #1's record revealed: - 44 year old female. - Admission date of 06/24/05. - Diagnoses of Profound Intellectual Developmental Disorder (IDD), Spastic Diplegia, Cerebral Palsy, Encephalopathy, Deaf Mutism and Seizure Disorder.</p> <p>Review on 11/01/19 of client #1's signed physician orders dated 10/30/19 revealed: - Melatonin (sleep aid) 5 milligrams (mg) - take one tablet at bedtime as needed. - Peg 3350 powder (stool softener) take daily as needed for constipation. - Ventolin Inhaler (treats bronchospasm) - inhale 2 puffs every 4 hours as needed for wheezing.</p> <p>Observation on 11/01/19 at approximately 2:00pm of client #1's medications revealed the following were not available for administration at the facility: - Melatonin. - Peg 3350 Powder. - Ventolin Inhaler.</p> <p>Client #1 was unable to communicate due to her diagnosis of Deaf Mutism.</p>	{V 118}	<p>On 11-1-2019 the Peg Powder and Ventolin inhaler was available in the home however, staff did not provide at this time. At the time of the survey there was no group home manager employed and program manager was on vacation. Group home staff was later trained on where all the medications where in the home. Going forward all staff will be trained on where all medications are kept. Going forward all staff will utilize the care of coordination log to document blood pressure readings.</p>	

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{V 118}	<p>Continued From page 2</p> <p>Finding #2: Review on 11/01/19 of client #2's record revealed: - 63 year old female. - Admission date of 06/24/05. - Diagnoses of Mild IDD, Cerebral Palsy, Scoliosis, Spastic Quadriplegia and Hypertension.</p> <p>Review on 11/01/19 of client #2's signed physician orders dated 10/04/19 revealed: - Benazepril (lowers blood pressure) 20mg - take one tablet by mouth daily. Hold if blood pressure is less than 120/90.</p> <p>Review on 11/01/19 of client #2's October 2019 MAR revealed no documentation of blood pressure readings from 10/05/19 thru 10/28/19.</p> <p>Interview on 11/01/19 staff #1 stated: - She had training in medication administration. - Staff checked client #2's blood pressure daily.</p> <p>Interview on 11/06/19 the Group Home Manager stated: - She had worked to ensure medications were administered as ordered. - She understood as needed medications needed to be available as ordered. - She would follow up to ensure blood pressure was documented.</p>	{V 118}		