Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL020-033 B. WING NAME OF PROVIDER OR SUPPLIER 12/18/2019 STREET ADDRESS, CITY, STATE, ZIP CODE AUTUMN HALLS OF UNAKA #1 14949-A JOE BROWN HIGHWAY MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on 12/18/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities. V 112 27G .0205 (C-D) V 112 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the **DHSR** - Mental Health assessment, and in partnership with the client or legally responsible person or both, within 30 days JAN 3 2020 of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: Lic. & Cert. Section (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies: (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

Division of Health Service Regulation

LABORATORYOTR CTOR'S OR PROVIDER/SURPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: COMPLETED MHL020-033 12/18/2019 NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN HALLS OF UNAKA #1

14949-A JOE BROWN HIGHWAY

MURPHY, NC 28906

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

V 112

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5)COMPLETE DATE

V 112 Continued From page 1

This Rule is not met as evidenced by: Based on record review and interview the facility failed to update strategies in the treatment plans to reflect the current needs of the clients effecting 2 of 3 sampled clients (Client's #1 and #3). The findings are:

Record review on 12/18/19 for Client #1 revealed: -Admitted on 9/4/09.

- -diagnoses of Borderline Intellectual Functioning, Hyperlipidema, Diabetes Mellitus Type II, Hypertension, Peripheral Neuropathy, Gastroesophageal Reflux Disease, and Schizophrenia-Paranoid Type.
- -Physician orders dated 10/8/19 included Ferrous Sulfate 325 mg, 1-3 times a day; Divalproex Sodium Dr 250 mg, 1- 4 times a day, and Gabapentin 100 mg 1 at 8:00 a.m., 1 at 2:00 p.m. and 2 at bedtime.
- -signed physician's authorization dated 10/8/19 for the client to self-administer her medications.

Review on 12/18/19 of Client #1's treatment plan last revised 9/17/19 revealed:

-a strategy to provide support for medication administration as she could not administer her medications correctly.

Interview on 12/17/19 with Client #1 revealed: -she took medication while she was at the day program.

-she took an iron pill, a sleeping pill, and a white tablet - 3 pills at lunch.

Review on 12/18/19 of Client #3's record revealed:

- -Admitted 2/3/17
- -diagnoses of Hypertension, Hyperlipidemia, Peripheral Vascular Disease, Schizophrenia,

clients who take utications while away program luckshop. addendum will specify trained mudication staf Will ensure the correct dose Lose while away on a daile basis. When N rite plans are completed, his Will be added

Division of Health Service Regulation STATE FORM

PRINTED: 12/20/2019 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: COMPLETED MHL020-033 B. WING 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14949-A JOE BROWN HIGHWAY **AUTUMN HALLS OF UNAKA #1** MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 112 Continued From page 2 V 112 Traumatic Brain Injury, and Moderate Intellectual Developmental Disability. -Physician orders dated 11/19/19 included Hydralazine 25 mg, 1- 4 times a day; Divalproex prevention: Fredention:

It will be reviewed annually with service plans reviews to ensure it does not happen again.

Who director of will maintain the director of will maintain to ensure this is part of the service plan on an annual basis.

How often:

Annually Sodium Dr 125 mg, 1- 3 times a day, and Pentoxifylline ER 400 mg, 1 - 3 times a day, 7:00 a.m., 12 noon, and 8:00 p.m. -signed physician's authorization dated 9/30/19 for the client to self-administer his medications. Review on 12/18/19 of Client #3's treatment plan last revised 5/11/19 revealed: -a strategy that he needed reminders, coaching, and supervision. -he required prompting to take his medications as prescribed and to have a qualified staff administer to ensure he took all of them. Interview on 12/18/19 with the Qualified Professional/Director revealed: -for the client's who took medications at the day program she received empty bottles with the labels on them from the pharmacy. -she packed each bottle with the medication the client was to take while at the day program and put it in their lunch bags. -their worker at the day program made sure the client's took all the medications she packed during lunch. -she checked the bottles when the client's returned to the facility to ensure the medications were taken. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

Division of Health Service Regulation

V 118 27G .0209 (C) Medication Requirements

10A NCAC 27G .0209 MEDICATION

V 118

MHLO20-033 MHLO20-033 MHLO20-033 MHLO20-033 MHLO20-033 MRC OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12/18/2019 MRC OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14/18/2019 SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY MUST BE PRECEDED BY PULL PRETTY INFORMATION) PRETTY ING IEACH DEFICIENCY MUST BE PRECEDED BY PULL PRETTY INFORMATION) VI 18 REQUIATORY OR ISC IDENTIFYING INFORMATION) VI 18 RECUIREMENTS (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, including injections, shall be administered only by licensed persons, or by unlicensed persons 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 must be precorded immediately after administeration. 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. (C) instructions for administering the drug. (C) instructions for administering the drug. (C) 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.	STATEMENT	Health Service Rec				FOR	MAPPRO
AMAGE OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE. ZIP CODE 14949-A JOE BROWN HIGHWAY MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX 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 by law to prescribe drugs. (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 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; (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation or possibilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The state of the s			
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This Rule is not met as evidenced by:	(c) (1) only ord drug (2) clies (3) I adm unlid phas privi (4) A all di curre recon MAR (A) c (B) n (C) ir (D) d (E) n drug (5) CI check file for	Medication admini Prescription or not be administered er of a person authors. Medications shall I into only when authors physician. Medications, includinistered only by library of the result of the	n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be idensed persons, or by ained by a registered nurse, gally qualified person and not administer medications. Inistration Record (MAR) of to each client must be kept diministered shall be after administration. The following: If quantity of the drug; and inistering the drug; rug is administered; and interest and inte				

clients (Client #1). The findings are:

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Division of Health Service Reg	ulation			PRINTED: 12/20/2019 FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY	
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NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	1 12/16/2019	
AUTUMN HALLS OF UNAKA #1		JOE BROWN HIG	HWAY		
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Record review on 12/17/19 for Client #1 revealed: -Admitted on 9/4/09diagnoses of Borderline Intellectual Functioning, Hyperlipidema, Diabetes Mellitus Type II, Hypertension, Peripheral Neuropathy, Gastroesophageal Reflux Disease, and Schizophrenia-Paranoid TypePhysician's order dated 10/9/19 and updated 11/20/19 Gabapentin 100 mg - 1 at 8:00 a.m., 1 at 2:00 p.m., and 2 at bedtime. Observation on 12/17/19 at approximately 2:30 p.m. of Client #1's medications included: -Gabapentin 100 mg - 1 at 8:00 a.m., 1 at 2:00 p.m., 2 at bedtime. Review on 12/17/19 and 12/18/19 of the Medication Administration Records (MARs) for October 2019 through December 17, 2019 revealed: -October - a handwritten note Gabapentin 100 mg changed to 1 at 8:00 a.m., 1 at 2:00 p.m. and 2 at bedtimeNovember - Gabapentin 100 mg - 1 every 6		Wir pro	hen a prescrip her a prescrip harmacy, the harmacy, the harmacy, the harmacy, the harmacy, the harmacy, the harmacy, the sid label, hew I and medication record. If ther	ption Comes the from the Staff poutins us will compor abel, crober administration re is a e of those,	

-December - Gabapentin 100 mg - 1 at 8:00 a.m., 1 at 2:00 p.m., 1 at bedtime.

Interview on 12/18/19 with the Qualified Professional/Director revealed:

- -the pharmacy continually put the wrong label on the bottles.
- -the medication was written wrong on the MAR. -she reconciled the medications every month to ensure they matched the physician's orders.
- -the client was receiving one Gabapentin at night so far in December as "this is what the sheet says."

This deficiency constitutes a re-cited deficiency

Lifterence in any of those, cuntact of question sharmacy, have last script faxed. If there is still a question, Contact prescribing physician. Take all Steps noted above and continue to check medications on a monthly

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AUTUMN HALLS	OF UNAKA #1	14949-A	JOE BROWN HIG		
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