

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/19/2019
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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCE CENTER - GROI	STREET ADDRESS, CITY, STATE, ZIP CODE 249 JOYCE LANE RAEFORD, NC 28376
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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 complaint and follow up survey was completed on December 19, 2019. Deficiencies were cited. The complaints were substantiated. (Complaint ID #'s NC00157555 & NC00157386)</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to assure MARs for 3 of 4 clients (#1, #2 and #3) were kept current. The findings are:</p> <p>Review on 12/12/19 of Client #1's record revealed: - Admission date of 9/20/19 - Diagnoses of Schizophrenia; Paraphilia; Attention Deficit Hyperactivity Disorder; Anxiety Disorder, Unspecified; Enuresis and Inguinal Hernia. - Physician's orders for medications included: Vrayler 6mg, Once daily; Cetirizine 10mg, Once daily; Sertraline 100mg, once daily; Doxepine 50mg, once daily and Benztropine 1mg, two times each day.</p> <p>Review on 12/12/19 of Client #1's MAR for December 2019 revealed: - No documentation staff administered any of the above identified medications on 12/3 - 12/19.</p> <p>Review on 12/12/19 of Client #2's record revealed: - Admission date of 9/06/19 - Diagnoses of Schizoaffective Disorder; Major Neurocognitive Disorder due to Traumatic Brain Disorder. - Physician's orders for medications included: Fluoxetine 40mg, Once daily; Sennosides 8.6mg, Two times daily; Divalproex 500mg, Two times</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>daily and Ranitidine 300mg, One time daily.</p> <p>Review on 12/12/19 of Client #2's MAR for December 2019 revealed: - No documentation staff administered any of the above identified medications on 12/3 - 12/19.</p> <p>Review on 12/12/19 of Client #3's record revealed: - Admission date of 6/28/17 - Diagnoses of Schizoaffective Disorder; Paranoia; Hypertension and Tachycardia - Physician's orders for medications included: Benzotropine Mes 1mg, One tablet 2 times each day; Clonazepam 0.5mg, One in the morning and two in the evening and Haloperidol 5mg, 1.5 tablet twice daily PRN agitation.</p> <p>Review on 12/12/19 of Client #3's MAR for December 2019 revealed: - No documentation staff administered any of the above identified medications on 12/3 - 12/19.</p> <p>Interview on 12/12/19 with the Facility Director: - confirmed the above findings. - said the medications were administered, however staff neglected to document the medication was administered.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		