Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X3) DATE SURVEY COMPLETED				
	MIII 000 407	B. WING		R			
MHL098-167 B. WIN			NG 01/06/2020				
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
WILSON COUNTY GROUP HOME #4 1502 PINEVIEW AVENUE							
		NC 2/893					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE			
INITIAL COMMENT	TS .	V 000					
category: 10A NCA	C 27G .5600C Supervised						
27G .0209 (C) Med	ication Requirements	V 118					
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 shocks shall be recorded and keep with the MAR							
	PROVIDER OR SUPPLIER COUNTY GROUP HO SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENT An annual and follo on January 6, 2020 This facility is licens category: 10A NCA Living for Adults wit 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person and rugs. (2) Medications shad clients only when and client's physician. (3) Medications, income administered only be unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication and all drugs administer current.	MHL098-167 PROVIDER OR SUPPLIER COUNTY GROUP HOME #4 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on January 6, 2020. A deficiency was cited. 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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL098-167		B. WING			R 06/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1502 PINEVIEW AVENUE WILSON, NC 27893								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1		V 118				
	This Rule is not me Based on record re facility failed ensure were recorded on e after administration (#3). The findings at Review of client #3' - 23 year old female - Diagnoses include Disability, mild, and bipolar type Physician's order self-administration - FL-2 signed by the updated Physician's benztropine (used to medications) 1 milli bedtime, ferrous su 325 mg 1 tablet twis spray (used to treat micrograms 2 spray loratadine (used to 1 tablet daily, palipe schizoaffective disc morning, Theremsdaily, Tri-Sprintec (a also be used to treat Mupirocin 2% ointri infections) apply to triamcinolone 0.1% conditions) apply to Review on 1/06/20 October 2019 - Jan	views and interviews medications admir ach client's MAR im affecting 1 of 3 audiare: s record on 1/06/20 admitted 7/25/16. ad Intellectual/Devel Schizoaffective Dissigned 4/28/19 authof medications. a Physician 9/18/19 a orders signed 12/10 o treat side effects of gram (mg), 1 tablet lifate (used to iron doce daily, fluticasone nasal allergies) 50 /s each nostril daily treat allergy symptoeridone (used to treat rider) 6 mg 1 tablet of M (a multivitamin) 1 an oral contraceptive at severe acne) 1 tallent (used to treat siunderarm twice dail ointment (used to treat siunderarm twice dail ointment (used to treat scalp and skin daily of client #3's MARs	istered mediately ited clients revealed: opmental order, orizing and 1/19 for of at eficiency) nasal from the eficiency tablet e that can olet daily, kin y, and reat skin //.					

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(3) DATE SURVEY COMPLETED	
	A. BUILDING:			R			
		MHL098-167				6/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILSON	COUNTY GROUP HO	ME #1	VIEW AVEN	UE			
		WILSON,	NC 27893				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTY)	D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
	- Transcriptions for - No documentation self-administered a in December, 18 tirt times in October; for December, 35 time in October; fluticase December, 6 times October; loratadine times in November paliperidone 4 time November, and 24 4 times in December 24 times in October December, 17 time in October; Mupirod December, 17 time in October; and tria December, 17 time in October No documented e During interview on self-administered a she had never miss medications were k cabinet in the facilit medication bubble pills an took them a documented that she During interview on Professional stated medications daily a client #3 self-admin was unsure why the	medications as ordered. In that medications were Is follows: benztropine 6 times Ines in November, and 19 Incrous sulfate 10 times in Is in November, and 42 times Income nasal spray 1 time in In November, and 24 times in In 4 times in December, 17 In and 24 times in October; Is in December, 17 times in It it it it it is in November, and 24 times It is in November, and 25 times It is in November, and 26 times It is in November, and 27 times It is in November, and 3 times It is in November, and 3 times It is in November, and 3 times In November, and 43 times In November, and 44 times In November, and 43 times In November, and 24 times In November, and 43 times In November, and 44 times In November, and 44 times In November, and 44 times In Novemb					
	Director stated the	1/06/20 the Residential Licensee had been using r approximately 2 years. Staff					

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STATE FORM 6899 ST7811 If continuation sheet 3 of 4

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

MHL098-167 MHC09-167 MHC0-100-167 MGCAD-167 MGCAD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WILSON COUNTY GROUP HOME #4 (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X5) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 3 were familiar with the electronic MARs. In August, the Nurse made a change to the electronic MAR properties for clients who self-administered medications which eliminated staff documentation of the medication administration. Client #4 also self-administered her medications; she was unsure why only client #3's MARs had blanks. She contacted the pharmacy and had the electronic MAR properties re-set to show documentation of medication administration. Due to the failure to accurately document medication administration it could not be determined if client #3 received her medications as ordered by the physician. This deficiency has been cited three times since the original cite on 9/21/17 and must be corrected				A. BOILDING	·		,		
WILSON COUNTY GROUP HOME #4 1502 PINEVIEW AVENUE WILSON, NC 27893 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FROM UST BE PRECEDED BY FULL TAG CONTINUED FROM UST BE PRECEDED BY FULL TAG V 118 Continued From page 3 were familiar with the electronic MARs. In August, the Nurse made a change to the electronic MAR properties for clients who self-administered medications which eliminated staff documentation of the medication administration. Client #4 also self-administered her medications; she was unsure why only client #3's MARs had blanks. She contacted the pharmacy and had the electronic MAR properties re-set to show documentation of medication administration. Due to the failure to accurately document medication administration it could not be determined if client #3 received her medications as ordered by the physician. This deficiency has been cited three times since the original cite on 9/21/17 and must be corrected									
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Division of Health Service Regulation STATE FORM

6899 ST7811 If continuation sheet 4 of 4