STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-473	A. BUILDING: _____ B. WING _____	R 01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES SUPPORT SVCS OF WAKE CO - HAILEY	408 HAILEY DRIVE RALEIGH, NC 27606

(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	INITIAL COMMENTS An Annual and Follow Up Survey was completed on 01/16/20. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities.	V 000		
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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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure one of three audited clients (#5's) medication was administered as ordered and assure the MAR was current.. The findings are: Review on 01/14/20 of the facility's public file maintained by Division of Health Service Regulation (DHSR) revealed: -Statement of Deficiencies (SOD) dated 11/20/18 identified a violation in Medication Requirements Review on 01/14/20 of client #5's record revealed the following: -Admitted: 01/20/19 -Diagnoses: Moderate Intellectual Developmental Disability, Intermittent Explosive Disorder, Gastroesophageal Reflux Disorder, Vitamin D, Gout, Sleep Apnea, and Tremors -Physician's order dated 02/22/19 Ranitidine 300 mg one tablet daily (used for treatment of Heartburn)...no physician's order to discontinue -Physician's order dated 03/29/19 Methocarbamol 750 mg one tablet at night (muscle relaxant used for treatment of pain)...no physician's order to discontinue -January 2020 MAR listed Methocarbamol administered 1-14th and Ranitidine not listed Observation on 01/14/20 at 3:00 PM of client #5's medications revealed -Medications prepackaged grouping of am and pm dosages by the pharmacy for daily	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page 2	V 118		

administration
-No Ranitidine or Methocarbamol labeled on the prepackaged medications groupings

During interview on 01/14/2020, the Qualified Professional reported:
-Medications were reviewed by staff for accuracy upon arrival
-She was not sure how the Ranitidine and Methocarbamol has been missed in the review process
-At the time of the interview, she contacted the pharmacist. Pharmacist reported Methocarbamol had been discontinued since 01/03/20 as the physician did not authorize the refill or.
-At the time of the interview, she contacted the physician's office regarding Ranitidine. The Ranitidine has been discontinued and she would obtain a copy of the discontinue order.
-Staff probably initialed the MAR out of habit for the Methocarbamol and did not no
-She was aware of the DHSR SOD from 2018 and the facility was cited for medication requirements.

Review on 01/15/20 of client #1's physician's order for Ranitidine revealed:
-Dated 01/15/20 signed by the physician to discontinue
-No discontinue orders prior to 01/15/20 were provided

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.