STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL048003	A. BUILDING: _____ B. WING _____	R 01/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYDE COUNTY GROUP HOME	9400 PINEY WOODS ROAD FAIRFIELD, NC 27826

(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 January 22, 2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C 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	V 118		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure medications were administered as ordered by a physician and to obtain a physician's order for self-checking fingerstick blood sugars for 1 of 3 audited clients (#5). The findings are:

Review on 1/21/20 of client #5's record revealed:
- 57 year old male admitted 5/25/90.
- Diagnoses included Intellectual/Developmental Disability, moderate, Intermittent Explosive Disorder, Diabetes, and Hypertension.
- Physician's order signed 7/10/19 for metformin (anti-diabetic) 750 milligrams, one tablet with evening meal, and signed 10/7/19 for fingerstick blood sugar (FSBS) to be checked twice daily.
- No signed physician's order authorizing client #5 to self-check his blood sugar levels.

Review on 1/21/20 of client #5's MARs for October 2019 thru January 2020 revealed transcription for metformin 750 milligrams, 1 tablet with evening meal; documented time of administration of metformin of 8:00 am.

Review on 1/22/20 of documentation provided by the Qualified Professional revealed physician's order signed 1/21/20 authorizing client #5 to self-check his blood sugar levels.

During interview on 1/21/20 client #5 stated he took his medications daily with staff assistance, but he checked his own blood sugars. Staff watched and documented the glucometer

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V 118	Continued From page 2 reading. During interview on 1/21/20 Quality Supporter #1 stated client #5 checked his blood sugar with staff monitoring. During interview on 1/21/20 the Qualified Professional stated staff monitored client #5 closely while he checked his blood sugar. She understood the requirement for MAR transcriptions to accurately reflect the signed physician's orders.	V 118		