

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LYDIA'S HOME, LLC PHASE 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>716 PRINCE ROAD GREENSBORO, NC 27455</b>
--	--

(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 survey was completed on 1/16/20. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Level II.	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>JAN 31 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	
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		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Catalina...* TITLE *Asst. Director* (X6) DATE *1/28/20*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  
**LYDIA'S HOME, LLC PHASE 2**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**716 PRINCE ROAD  
GREENSBORO, NC 27455**

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was kept current and medications administered were recorded immediately after administration affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/15/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 7/13/19</li> <li>- Diagnoses of Oppositional Defiant Disorder (D/O); and Other Reactions to Severe Stress</li> <li>- MARs from 11/1/19-1/15/20 which reflected client#1's medications included but were not limited to the following: Quillichew ER (Extended Release) 40 mg Chew and swallow one tablet every morning; Guanfacine HCL (Hydrochloride) ER (Extended Release) 2 mg 1 tablet PO (by mouth) every morning; Trazodone 50 mg 1 tab PO every evening at 6 pm and Pataday 0.2% Eye Drops Instill one drop in each eye every day</li> <li>- No staff initials on the following dates which would reflect staff had administered the medication to client #1 on the dates listed: Quillichew - 1/6/20; 1/13/20 and on 1/15/20 (morning); Pataday 0.2% Eye Drops - 12/9/19; 12/13-12/15/19 and 12/27-12/28/19</li> </ul> <p>Interview on 1/15/20 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 demonstrated her knowledge of her medications, (i.e, the color of the individual pills/capsules, what the times that she was to take her medications (morning/evening) and what illnesses her medications were used to treat)</li> <li>- Staff always administered her medications to</li> </ul>	V 118	<p><i>Lydia's Home shall always chart medication administered to client.</i></p> <p><i>Lydia's Home Director, Assistant Director, GP, shall monitor MAR's weekly to make sure the MAR's are being charted.</i></p> <p><i>Director; Asst Director have spoken with All staff and reminded staff that once medication is administered staff must have the chart</i></p>	1/15/20

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  
**LYDIA'S HOME, LLC PHASE 2**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**716 PRINCE ROAD  
GREENSBORO, NC 27455**

(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 118	<p>Continued From page 2</p> <p>her as required.</p> <p>Review on 1/15/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 12/15/18</li> <li>- Diagnoses of Mood Dysregulation D/O; Post-Traumatic Stress D/O; Attention Deficit Hyperactivity D/O and Oppositional Defiant D/O</li> </ul> <p>Review on 1/15/20 of client #2's MARS from 11/1/19-1/5/20 revealed client #2's medications included but were not limited to the following:</p> <ul style="list-style-type: none"> <li>- Tegretol 200 mg 1 tab PO twice daily;</li> <li>Hydroxyzine 25 mg 1 tab twice a day; Duloextine HCL DR 60 mg 1 capsule PO twice daily;</li> <li>Guanfacine 2 mg 1 tab PO twice daily; Vyvanse 40 mg 1 capsule PO daily and Mupirocin 2% Ointment Apply one pump to each shoulder every day twice a day</li> <li>- No staff initials which would reflect the staff had administered the medication to client #2 on the dates listed: Duloextine - 12/1/19 (bedtime); Tegretol - 12/1/19 (bedtime); Mupirocin Ointment - 12/11-12/15/19 (morning) and 12/15/19; 12/23-12/31/19 (bedtime); Hydroxyzine 12/1-12/2/19 (morning); 12/1/19 (bedtime); 12/10-12/20 and 12/28-12/29/19 (morning)</li> </ul> <p>Interview on 1/15/19 with client #2 revealed</p> <ul style="list-style-type: none"> <li>- Staff always administered her medications to her as required</li> </ul> <p>Review on 1/15/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 3/14/19</li> <li>- Diagnoses of Disruptive Mood D/O Dysregulation D/O; ADHD- Predominately Hyperactive/Impulsive Presentation and Adjustment D/O with Depressed Mood</li> <li>- Client #3's MARS from 11/1/19-1/15/20 revealed client #3's medications were as follows: Vyvanse 50 mg 1 capsule PO every morning;</li> </ul>	V 118	<p><i>Chart present and initial immediately after each client have received their medicine</i></p> <p><i>Staff must also use the initial <u>O</u> when a consumer is out of the home on a visit.</i></p> <p><i>Administration has warned that staff will be addressed if this rule is not followed Daily</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LYDIA'S HOME, LLC PHASE 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>716 PRINCE ROAD GREENSBORO, NC 27455</b>
--	--

(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 118	<p>Continued From page 3</p> <p>Escitalopram 20 mg 1 tab PO every day and Risperidone 1 mg ½ tab PO in the morning and ½ tab PO at 3:30 pm and 1 ½ tab PO at bedtime</p> <ul style="list-style-type: none"> <li>- No staff initials which would reflect the staff administered client #3 the medication on the following dates: Vyvanse 50 mg 11/29/19 (morning); Risperidone 1 mg 12/23-12/24/19 (morning); 12/27/19 (morning) and 12/27-12/31/19 (morning); Vyvanse 11/18-11/20/19; 12/23-12/25 and 12/27/31-1/1/20</li> </ul> <p>Interview on 1/15/19 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- The days when it did not appear she had received her medications were days when she was on a home visit</li> <li>- Staff always administered her medication to her as required</li> </ul> <p>Interview on 1/15/20 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- One of her responsibilities was to administer the clients their medications as required and she did so.</li> </ul> <p>Interview on 1/15/20 with the Director #1 revealed:</p> <ul style="list-style-type: none"> <li>- Staff always administered the clients their medications; however, it appeared they did not always remember to document that the medications had been given</li> <li>- Staff were to use also document when the clients are out of the facility, (i.e., a home visit with initials which reflected the clients on on therapeutic leave)</li> <li>- The failure of staff to properly document on the clients MARs when they administered the clients' medications to them would be addressed with staff</li> <li>- She had no doubt the clients were receiving their medications as prescribed.</li> </ul>	V 118		