

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL048003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/22/2020
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NAME OF PROVIDER OR SUPPLIER HYDE COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9400 PINEY WOODS ROAD FAIRFIELD, NC 27826
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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>An annual and follow up survey was completed on January 22, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 file followed up by appointment or consultation with a physician.</p>	V 118	<p>DHSR - Mental Health</p> <p>JAN 31 2020</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

1/28/2020

(X6) DATE

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	V 118	<p>The QP reviewed the prescription and the MAR to investigate and identify how the error occurred and continued without being recognized. The QP identified the flaw in the procedure to prevent future errors.</p> <p>The QP met with the staff to review the order and administration procedures and instructed the staff to administer the medicine as prescribed.</p> <p>The QP will monitor the MAR weekly to ensure proper administration.</p> <p>The QP secured the physician's order authorizing client #5 to self-check his blood sugar levels</p>	<p>1/29/20</p> <p>1/29/20</p> <p>1/21/20</p>

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V 118	<p>Continued From page 2 reading.</p> <p>During interview on 1/21/20 Quality Supporter #1 stated client #5 checked his blood sugar with staff monitoring.</p> <p>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.</p>	V 118		

ROANOKE DEVELOPMENTAL CENTER, INC.
PO BOX 967 – 607 ADAMS STREET
PLYMOUTH, NORTH CAROLINA 27962
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January 28, 2020

Ms. Connie Anderson
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

JAN 31 2020

Lic. & Cert. Section

Re: Annual and Follow Up Survey completed 1/22/2020
Hyde County Group Home
9400 Piney Woods Road
Fairfield, NC 27826
MHL #048-003

Dear Ms. Anderson:

Enclosed you will find the plan of correction for the cited deficiencies during the Annual Survey of 1/22/2020. Thank you for your input to enhance our quality of service. If you have any questions please give me a call.

Sincerely,



Zebedee Taylor
Director