

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-382</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/19/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE SOLUTIONS AT FOLKSTONE RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1166 FOLKSTONE RIDGE LANE</b> <b>WINSTON SALEM, NC 27127</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2/19/2020. 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><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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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 administered were recorded immediately after administration and MARs were kept current affecting 3 of 3 clients (#1, #2 &amp; #3). The findings are:</p> <p>Review on 2/14/2020 of client #1's record revealed: - Admission date: 9/6/2019 - Diagnoses: Major Depressive Disorder (D/O); Mental D/O Not Otherwise Specified (NOS); Mild Intellectual Disability; Obesity; Epilepsy; Enuresis - A physician's orders Eucrisa 2% ointment, apply twice daily (BID), dated 10/1/2019.</p> <p>Review on 2/13/2020 of client #1's MARs dated 11/1/2019 to 2/13/2020 revealed: - No documentation of Eucrisa ointment at 8:00AM on 12/1/2019-12/31/2019.</p> <p>Review on 2/14/2020 of client #2's record revealed: - Admission date: 9/6/2019 ; - Diagnoses: - Hx of alcohol abuse; Schizoaffective D/O, Bipolar D/O; Nicotine Dependence; Intermittent Explosive D/O; Mild Intellectual Disabilities; Type II Diabetes; High blood pressure; High cholesterol; Asthma; - Physicians orders for the following medications: - Spiriva 18 microgram (mcg), 1 capsule in inhaler every day (QD), dated 1/24/2019; - Mometasone furoate 0.1% cream, apply BID, dated 1/24/2019.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 2/13/2020 of client #2's MARs dated 11/1/2019 to 2/13/2020 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of the following medications:</li> <li>- Spiriva at 8:00AM on 12/10/2019;</li> <li>- Mometasone furoate cream at 8:00AM on 12/1/2019-12/31/2019.</li> </ul> <p>Review on 2/14/2020 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/6/2019</li> <li>- Diagnoses: Anxiety D/O NOS; Intermittent Explosive D/O; Mild Intellectual Disability; Cerebral Palsy; Dysphagia; Unspecified Urinary Incontinence;</li> <li>- Documentation that medications were to be administered via stomach tube;</li> <li>- Physicians orders for the following medications:</li> <li>- Karaya paste, apply around stoma (of stomach tube) QD, dated 10/25/2019;</li> <li>- Clotrimazole-betamethasone cream, apply BID, dated 5/28/2018;</li> <li>- Mucus Relief 400 mg, 1 tablet three times daily (TID), dated 10/4/2019;</li> <li>- Tramadol HCL (hydrochloride) 50 mg, ½ tablet (=25 mg) every 8 hours, dated 10/4/2019;</li> <li>- Nystatin 100,000 units/gram, apply BID x10 days, dated 10/1/2019;</li> <li>- Prednisolone 15mg/5 ml (milliliters), 15 ml QD x3 days, then 7.5 ml QD x4 days, then stop, dated 10/1/2019;</li> <li>- There was no physician's order present for Nifedipine (Procardia) 0.2% cream.</li> </ul> <p>Review on 2/13/2020 of client #3's MARs dated 11/1/2019 to 2/13/2020 revealed:</p> <ul style="list-style-type: none"> <li>- Karaya paste was not listed on the November 2019 MAR;</li> <li>- While Karaya paste was listed on the December 2019 to February 2020 MARs, there was no</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>documentation of administration from 12/1/2019-2/13/2020;</p> <ul style="list-style-type: none"> <li>- No documentation of clotrimazole-betamethasone cream at 8:00AM on 12/1/2019-12/20/2019, 12/22/2019-12/31/2019, or at 8:00PM on 11/16/2019;</li> <li>- No documentation of administration of Mucus Relief at 8:00AM on 12/2/2019, or at 2:00PM on 11/30/2019, 12/15/2019 and 1/3/2020;</li> <li>- No documentation of Tramadol at 2:00PM on 12/2/2019 or 12/6/2019;</li> <li>- Nystatin and prednisolone remained on the November 2019 to February 2020 MARs although they were no longer active medications;</li> <li>- Nifedipine was listed on the November to February MARs with administration instructions of one application to anus TID as directed;</li> <li>- There was no documentation that Nifedipine had been administered at 8:00AM on 12/2/2019-2/13/2020; at 2:00PM on 11/1/2019, 11/12/2019-11/22/2019, 11/25/2019-11/30/2019, 12/2/2019-2/13/2020; at 8:00PM on 12/5/2019, 12/6/2019, or 12/9/2019-2/13/2020;</li> </ul> <p>Interview on 2/19/2020 with the Pharmacy Technician revealed:</p> <ul style="list-style-type: none"> <li>- Client #3's Nifedipine, one application to anus TID had been ordered by a physician on 8/29/2019.</li> </ul> <p>Interview on 2/14/2020 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She could not name all of her medications;</li> <li>- She thought that her medications were administered correctly.</li> </ul> <p>Interview on 2/14/2020 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- She could not provide any information a about her medications or the times they were administered.</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>Interview on 2/14/2020 with client #3 revealed: - Client #3 was minimally verbal and unable to provide any details about her medications.</p> <p>Interview on 2/13/2020 with staff #1 revealed: - Staff #1 was not aware of any medication errors or issues with the MARs; - If errors occurred, the facility staff was supposed to contact the house manager or Qualified Professional (QP).</p> <p>Interview on 2/19/2020 with the QP revealed: - The QP checked the MARs at the end of every month to ensure they were signed by facility staff correctly; - The QP did not know why there was no documentation of medication administration on clients #1, #2 and #3's MARs.</p> <p>An interview was not completed with the Director due to the Director having been out of town at the time of exit.</p>	V 118		