

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2020
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NAME OF PROVIDER OR SUPPLIER HOWELL & HOWELL'S	STREET ADDRESS, CITY, STATE, ZIP CODE 725 LUTHER DRIVE GOLDSBORO, NC 27530
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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 February 26, 2020. Deficiencies were 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 02/25/2020 staff #1 revealed the shifts of the facility were: -First shift 7:00am-7:00pm -Second shift 7:00pm-7:00am</p> <p>Review on 02/25/2020 of facility records from</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>February 2019-February 2020 revealed: -No 1st shift disaster drill in the 3rd and 4th quarter of 2019 which included the months of July 2019-December 2019.</p> <p>Two of the clients were unable to be interviewed due to being non-verbal and client #3 revealed he had practiced fire and disaster drills.</p> <p>During interview on 02/25/2020 Staff #1 revealed the facility completed fire and disaster drills every month.</p> <p>During interview on 02/26/2020 the Licensee revealed she would ensure the drills were completed on every shift.</p>	V 114		
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>	V 118		

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V 118	<p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three audited clients (#2). The findings are:</p> <p>Review on 02/26/2020 of client #2's record revealed: - 48 year old male. - Admission date of 10/29/04. - Diagnoses of Cerebral Palsy, Epilepsy, and Profound Mental Retardation.</p> <p>Review on 02/25/2020 of a signed physician order for client #2 dated 12/12/19 revealed: - Linzess 72 mg (used to treat chronic constipation) Take 1 capsule in the morning for constipation.</p> <p>Review on 02/25/2020 of client #2's February 2020 MAR revealed: - Linzess 72mg Take 1 tablet by mouth as needed. - No initials on the following dates: 02/01/2020,</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>02/07/2020-02/26/2020.</p> <p>-No order in the record to indicate the medication was supposed to be as needed.</p> <p>Observation on 02/25/2020 at approximately 11:00am of client #2's medications revealed:</p> <ul style="list-style-type: none"> - The label on the medication did not indicate th medication should be given as needed. <p>Client #2 was unable to be interviewed due to being non-verbal.</p> <p>During interview on 02/26/2020 staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #2 received the Linzess everyday because of his constipation. -Client #2 was receiving iron injections from the doctor and the iron was causing the constipation to e worse. <p>Interview on 02/26/2020 the Licensee revealed:</p> <ul style="list-style-type: none"> -The Linzess had been written as needed because when client #2 took the Linzess everyday it caused his bowl movements to be too loose. -She would clarify with the doctor to determine how the medication should be administered. 	V 118		