

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
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NAME OF PROVIDER OR SUPPLIER CIRCLE DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 900 CIRCLE DRIVE MOUNT PLEASANT, NC 28124
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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 survey was completed on 3/3/20. 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		

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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 records review and interviews, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 3/3/20 of client #1's record revealed: -admission date of 6/8/98 to the parent agency and 3/1/04 to this facility; -diagnoses of Intellectual Developmental Disabilities Mild, Obsessive Compulsive Disorder, Diabetes Type 2, Hypertension, Hypothyroidism and PICA; -client #1 had cataract surgery on her right eye on 12/19/19; -form titled "Post Operative Drops" for her right eye documented: Week 1 started 12/20 eye drops "Polytrim," "Ketorolac" and "Pred Acetate" four times a day at breakfast, lunch, dinner and bed, Week 2 starting 12/27 "Pred Acetate" and "Ketorolac" eye drops three times a day at breakfast, lunch and dinner, Week 3 starting 1/3 "Pred Acetate" and "Ketorolac" eye drops two times a day at breakfast and bed and Week 4 starting 1/10 "Pred Acetate" and "Ketorolac" one time a day at breakfast; -no signed prescription orders matching the "Post Operative Drops" instructions listed above; -copies of unsigned prescriptions from the pharmacy dated 12/17/19 for the above medications documented the following: Prednisolone 1% eye drops instill one drop in right eye four times a day, Polymyxin Solution eye drops instill one drop in right eye 4 times a day</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>and Ketorolac Solution 0.5% eye drops instill one drop in right eye four times a day.</p> <p>Review on 3/3/20 of client #1's MARs from 1/1/20 until 3/3/20 revealed the following:</p> <ul style="list-style-type: none"> -1/1-1/3 Ketorolac Solution 0.5% eye drops documented administered on 1/1(8am, 12pm, 4pm and 8pm), on 1/2(8am, 12pm, 4pm and 8pm) and 1/3(8am and 12pm) -1/4-1/9 Ketorolac documented as administered at 8am and 8pm; -1/10-1/16 Ketorolac documented as administered at 8am; -1/1/-1/3 Polymyxin Solution eye drops documented administered on 1/1(8am, 12pm, 4pm and 8pm), on 1/2(8am, 12pm, 4pm and 8pm) and 1/3(8am and 12pm); -1/1-1/3 Prednisolone 1% eye drops documented as administered on 1/1(8am, 12pm, 4pm and 8pm), on 1/2(8am, 12pm, 4pm and 8pm) and 1/3(8am and 12pm); -1/4-1/9 Prednisolone documented as administered at 8am and 8pm; -1/10-1/16 Prednisolone documented as administered at 8am. <p>Interview on 3/3/20 with client #1 revealed:</p> <ul style="list-style-type: none"> -had surgery on her eye; -can see better now; -having surgery on other eye soon. <p>Interview on 3/3/20 with the Group Home Manager revealed:</p> <ul style="list-style-type: none"> -client #1 had cataract surgery on her right eye; -pharmacy got prescriptions directly emailed from eye doctor for eye drops for four times a day prior to surgery and after surgery; -pharmacy never received the prescriptions for the post operative instructions from the eye doctor; 	V 118		

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V 118	Continued From page 3 -she sent a copy of the post operative instructions to the pharmacy and the EMARs were changed to match the post operative instructions on 1/3/20; -never obtained prescriptions signed by doctor for the eye drops; -in future, will ensure EMARs and prescriptions match instructions from post operative directions; -client #1 had a follow up with her eye doctor on 1/15/20 and everything was good.	V 118		