

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL081-076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KELLY'S CARE II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>521 OSCAR JUSTICE ROAD RUTHERFORDTON, NC 28139</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 20, 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		

Division of Health Service Regulation 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 observation, record review and interview the facility failed to ensure medications were administered as ordered by the physician and failed to ensure that physician authorization was obtained for medications that were self-administered for 1 of 3 audited clients (#1). The findings are:</p> <p>Record review on 2/18/20 for Client #1 revealed: -Admitted on 2/5/16 with diagnoses of Schizoaffective Disorder, Mild Intellectual Disability, and Post-Traumatic Stress Disorder. -Physician's order dated 10/23/19 for Clotrimazole Cream 1%, apply twice daily until the rash is gone. -Physician's order dated 10/24/19 for Hydrocortisone Cream 2.5%, apply to affected area twice daily. -Physician's order dated 10/17/19 for Ventolin inhaler 90mcg, 2 puffs twice daily. -Physician's order dated 10/17/19 for Nystatin 100,00 powder, apply to affected area twice daily. -Physician's order dated 10/17/19 for Albuterol inhaler 90mcg, 2 puffs every 4 hours as needed. -Physician's order dated 1/30/20 for Doxycycline Hyclate 100mg, 1 tablet twice daily for 5 days. -Physician's order dated 1/17/20 for Ketoconazole Shampoo 2%, apply topically to the affected area, lather, leave in place for 5 minutes, then rinse with water twice weekly X 8 weeks. -No self-administration orders for creams, powders or inhalers at the time of the review. Self-administration orders obtained on 2/19/20 during the survey process.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 2/18/20 of the December 2019-February 2020 MARs for Client #1 revealed:                      -Clotrimazole cream administered daily in December 2019, January 2020 and through February 17, 2020. The order was for as long as the rash was present.                      -Ketoconazole Shampoo documented as administered daily, although ordered to be used twice daily.                      -Doxycycline Hyclate was documented as administered 1/31/20-2/4/20 (AM dose). Four and a half doses were documented instead of 5 days for Client #1.</p> <p>Interview on 2/18/20 with Staff #1 revealed:                      -Client #1 self-administered the shampoo, creams and inhalers.                      -The skin rashes for Client #1 come and go.                      -Client #1 only uses the shampoo twice per week.                      -The electronic MAR will not let her override the shampoo on days that it is not used without charting it.                      -All doses of the antibiotic were administered.</p> <p>Interview on 2/20/20 with the Qualified Professional/Director revealed:                      -Self-administration orders were obtained on 2/19/20.                      -The nurse had talked with the physician about self-administration but never received those from the physician prior to the survey.</p>	V 118		