

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601346</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARRISON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12551 HASHANLI PLACE</b> <b>MATTHEWS, NC 28105</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>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on 3/6/20. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living</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		

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, interview, and record review the facility failed to ensure prescription drugs were administered as ordered by the physician for 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 3/5/20 of Client #1's record revealed: - Admission date of 3/1/17 - Diagnoses of Autistic Disorder, Attention Deficit Hyperactivity Disorder and Conduct Disorder - Physician order for Aripiprazole 2mg, 1 tablet by mouth daily dated 12/5/19 - March 2020 MAR revealed no dates administered for Aripiprazole 2mg</p> <p>Review on 3/5/20 of Client #2's record revealed: - Admission date of 9/19/18 - Diagnoses of Anxiety Disorder, Mild Intellectual Disabilities and Epilepsy - Physician order for Cetirizine HCL 10mg, 1 tablet by mouth daily dated 10/8/19 - March 2020 MAR revealed no dates administered for Cetirizine HCL 10mg</p> <p>Interview on 3/5/20 with the AFL Provider revealed: - They didn't have the medication because the pharmacy didn't refill it yet. They were waiting on the prescription form the doctor. The medications were last administered on 2/29/20.</p>	V 118		