

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-104</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>BURKHEAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>411 WEST BURKHEAD STREET WHITEVILLE, NC 28472</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	INITIAL COMMENTS  An annual and follow up survey was completed on March 6, 2020. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (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.	V 118	All members will receive medication training by March 31, 2020 at 5:00pm by Dianne Hawthorne, RN	3/31/2020

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Jerry Smith, RN*

TITLE

(X6) DATE

*3/30/2020*

Division of Health Service Regulation

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V 118	Continued From page 1  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#2, #4, and #6). The findings are:  Finding #1 Review on 03/05/20 and 3/06/20 of client #2's record revealed: -26 year-old male. -Admission date of 1/01/20. -Diagnoses of Intellectual Developmental Disability (mild), Generalized Anxiety Disorder, Bipolar Disorder, Schizoaffective Disorder, Attention-Deficit/Hyperactivity Disorder  Review on 03/05/20 and 03/06/20 of client #2's medication orders revealed: 10/30/19 -Mirtazapine (treats depression) 45 milligrams (mg) - Take one tablet daily. -Losartan Potassium (treats blood pressure) 50mg - Take one tablet daily.  1/15/20 -Fluticasone Propionate (treats seasonal allergies) 50 micrograms (mcg) - 1 spray into each nostril twice daily.  Review on 03/05/20 of client #2's March 2020 MAR revealed the following boxes filled out prior to medication distribution: -Mirtazapine - 3/05/20 at 8pm. -Fluticasone Propionate - 3/05/20 at 8pm.	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 3/06/20 of client #2's February 2020 MAR revealed the following blanks: -Losartan Potassium - 2/26/20 at 8am.</p> <p>Interview on 03/06/20 client #2 stated he received his medications as ordered.</p> <p>Finding #2 Review on 03/05/20 and 3/06/20 of client #4's record revealed: -30 year-old male. -Admission date of 08/09/16. -Diagnoses of Psychotic Disorder-Secondary to Traumatic Brain Injury (TBI), Depressive Disorder- Secondary to TBI, Intellectual Developmental Disability (mixed), Neurocognitive Disorder (TBI), Hypothyroidism, and Learning Disability.</p> <p>Review on 03/05/20 and 03/06/20 of client #4's signed FL2 dated 2/26/20 revealed the following medications: -Lorazepam (treats anxiety) 0.5mg - Take 1 tablet three times daily.</p> <p>Review on 03/05/20 and 3/06/20 of client #4's January, February, and March 2020 MARs revealed the following blanks: -Lorazepam - 1/22/20, 2/12/20, 2/19/20, and 3/02/20 at 8pm.</p> <p>During interview on 03/06/20 client #4 stated he received his medication daily.</p> <p>Finding #3 Review on 03/05/20 and 3/06/20 of client #6's record revealed: -27 year-old male. -Admission date of 02/07/20</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Diagnoses of Intellectual Developmental Disability (mild), Unspecified Impulse Control Disorder, Diabetes, and Autism Spectrum Disorder.</p> <p>Review on 03/05/20 and 03/06/20 of client #6's signed Medication Log dated 11/01/19 revealed the following medications: -Triamcinolone Cream (treats skin conditions) 0.1% - Apply to affected area twice daily.</p> <p>Review on 03/05/20 of client #6's March 2020 MAR revealed the following boxes filled out prior to medication distribution: -Triamcinolone Cream 0.1% - 3/05/20 at 8pm.</p> <p>During interview on 03/06/20 client #6 stated he received his medication daily.</p> <p>Interview on 03/06/20 the Licensee stated: - The MARs would be addressed with staff</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		

Carolinas Home Care Agency, Inc.  
P.O. Box 1723  
Whiteville, NC 28472  
Phone: 910-642-3700; Fax: 910-642-5146

### FACSIMILIE COVER SHEET

Company Name: NCDHHS  
Attention: Licensure Section  
Fax Number: 919 715 8078

From: Terry Smith  
Date: 3-31-2020  
Phone Number: 910 642 3700

Circle One:

URGENT REPLY ASAP PLEASE REVIEW

FOR YOUR INFO.

TOTAL # OF PAGES, INCLUDING COVER SHEET: 5 pgs

COMMENTS: POC for MHL 024-104  
Burkhead Group Home