PRINTED: 09/17/2020
FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL053-082 | A. BUILDING: | C 09/16/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ANDREWS DRIVE FAMILY CARE FACILITY | 2621 ANDREWS DRIVE SANFORD, NC 27332 |

| (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 |
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| V 000 | INITIAL COMMENTS<br><br>A complaint survey was completed on September 16, 2020. The complaint was substantiated (intake #NC00167901)Deficiency cited.<br><br>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<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR | V 118 | | |

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| V 118 | Continued From page 1<br>file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have a physician order to self-administer medication affecting one of one audited client (#1). The findings are:<br><br>Review on 9/14/20 of Client #1's record reviewed: -Admission date of 8/1/17.<br>-Diagnoses of Bipolar Disorder with Dependent Personality Disorder, Personality disorder, NOS, Mild IDD, Hyperlipidemia. Asthma, Anemia, NIDDM.<br>-Physician order dated 7/21/20 on FL-2 for Standard OTC order revealed the following medication:<br>-Hydrocortisone 1% - apply to affected area 2x daily.<br>-There was no order for client #1 to self-medicate.<br><br>Review 9/16/20 of the Incident Report dated 7/29/20 revealed:<br>- "[Qualified Professional] was driving on highway and noticed [client #1] let down mirror inside the van and took out hydrocortisone medication. [QP] asked [client #1] where did she get the medication from. [Client #1] while applying to rash said that she got it from [staff #2]. [QP] informed [client #1] that [client #1] isn't supposed to have that medication and stated that [staff #2] is supposed to give it to [client #1] to apply to | V 118 | The facility will ensure that all medications are administered as ordered. For 1 of 1 client (#1) in the home, there is no order to self-administer her medications.<br><br>The AFL manager (QP), will provide in-service training to Staff #2 and all other staff assigned to the home on the direct supervision of all medications during administration; and on securing all medications before and after administration. Under no circumstances should Client #1 have any medication (s) on her person.<br><br>The QP will monitor the medication pass in the home weekly to ensure continued compliance.<br><br>The Director of Quality Management will monitor the medication pass in the home monthly to ensure continued compliance. | 11/15/20<br><br>11/15/20<br><br>11/15/20 |

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| V 118 | Continued From page 2<br>[client #1's] rash. [Client #1] then started putting cream on her scab. [QP] then informed [client #1] that medication wasn't used for her scab. [QP] then asked for medication from [client #1] ... [QP] told [client #1], [client #1] could not keep it and would need [client #1] to hand it over when they got to the day program. [Client #1] handed [QP] the medication in hopes of returning it. [QP] glanced at the medication and informed [client #1] what it was used for ..."<br><br>Observation on 9/16/20 at 8:45 a.m. revealed:<br>-Hydrocortisone 1% cream.<br>-There was one opened tube and 2 unopened.<br><br>Attempted interview with guardian on 9/15/20. Message left and no return call upon exit.<br><br>Interview on 9/16/20 with the Pharmacist revealed:<br>-The hydrocortisone 1% was an over-the-counter order.<br>-The order was a standard order.<br>-He generated a label to provide instruction for group home staff.<br>-Pharmacist could put a prescription label on OTC product.<br><br>Interview on 9/15/20 & 9/16/20 with the QP revealed:<br>-Worked at the facility as QP for six months.<br>-Responsible for supervising staff and AFL homes.<br>-She also transported clients to appointments.<br>-Staff administered medication to clients. -She observed and made sure staff were completing medication administration record.<br>-Client #1 was currently the only client living at the home. | V 118 | | |

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| V 118 | Continued From page 3<br>-Client #1 had a rash on her neck, treated with over the counter ointment.<br>-Client #1 had medication in her hand when she was transporting client #1 to an appointment. -Client #1 pulled out the ointment while in the car.<br>-She was on the phone with client #1's guardian at the time and the guardian heard when she told client #1 that she should not have the medication.<br>-She asked client #1 how did she get the medication, client #1 reported staff #2 gave it to her.<br>-She spoke with staff #2 the same day about the issue but confirmed she did not document it. -The rash was gone; it cleared up and no longer there.<br>-Client #1's guardian was concerned about client #1 having medication on her.<br>-Client #1 was not allowed to self-medicate. -Client #1 was not allowed to have medication on her.<br>-Client #1's medication including topical had to be administered to client #1.<br>-She had a staff meeting on 9/9/20 with all employees regarding medication administration.<br>-She completed an incident report.<br><br>Interview on 9/16/20 with the Director of Quality Management revealed:<br>-Confirmed the QP spoke with Staff #2 regarding the incident.<br>-Confirmed client #1 did not have a self-medicate order.<br>-Client #1 would be able to assist applying the topical medicine but cannot have on property. -Confirmed and provided the incident report. -He discussed with the QP the need to alert staff to keep medication including topical secure. -The guardian was informed of supervision of client #1's during medication administration. -All medication should be administered by staff. | V 118 | | |

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Victor & ASSOCIATES INC.

*Provider of MH/DD/SA Services*

September 23, 2020

Ms. Frances E. Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Complaint Survey completed September 16, 2020
Andrews Drive Family Care Facility
2621 Andrews Drive, Sanford, NC 27330

MHL#053-082
Intake #NC00167901

Dear Ms. Hicks:

See attached hard copy of the plan of correction (POC) for the Andrews Drive Family Care Facility's complaint survey, completed 9/16/20. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact myself or Vidya Persad, Director of Operations. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

James Harris, Director Quality Management

Victor & ASSOCIATES INC.

*Provider of MH/DD/SA Services*

1600 South Third St. , Sanford, NC 27330 Tel: (919)718-4988 Fax: (919)718-4990

# Fax

**To:** Frances Hicks, MSW DHSR **From:** James Harris

**Fax:** 919-715-8078 **Pages:** including Fax Sheet

**Phone:** **Date:** 9/24/20

**Re:** Andrews Drive POC **CC:**

**Urgent** **For Review** **Please Comment** **Please Reply** **Please Recycle**

- **Comments: If you have any questions or concerns, please feel free to contact me at (919)718-4988. Thanks!**

See attached, hard copy was mailed.

TXS- JA