

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2020
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-GREENE COUNTY GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SE SECOND STREET SNOW HILL, NC 28580
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 23, 2020. The complaint was substantiated (intake #NC00169112). Deficiencies were 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</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>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to administer medications as ordered by a physician and failed to keep MARs current affecting five of five clients (#1-#5). The findings are:</p> <p>Finding #1: Review on 10/21/20 of client #1's record revealed: - 43 year old female. - Admission date of 02/01/19. - Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Generalized Anxiety Disorder.</p> <p>Review on 10/21/20 of client #1's signed physician orders dated 07/01/20 revealed: - Temperature - take and record daily.</p> <p>Review on 10/21/20 of client #1's August 2020 thru October 2020 MARs revealed the following: August 2020 - No documented temperature on 08/04/20, 08/05/20 and 08/09/20. - Prazosin 2 milligram (mg) - Medication not available on 08/16/20 and 08/17/20. - Fluoxetine (antidepressant) 20mg - no medication available on 08/17/20 and 08/18/20.</p> <p>September 2020</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - No staff initials to indicate Fluconazole (treats fungal infections) was administered on 09/09/20, 09/10/20 and 09/12/20. <p>October 2020</p> <ul style="list-style-type: none"> - No staff initials to indicate Melatonin (sleep aid) was administered on 10/15/20. <p>Finding #2: Review on 10/21/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 51 year old male. - Admission date of 08/01/08. - Diagnoses of Severe IDD, Blindness, Seizure Disorder, Gastroesophageal Reflux Disease (GERD), Hypertension, Allergic Rhinitis and Insomnia. <p>Review on 10/21/20 of client #2's signed physician orders dated 08/18/20 revealed:</p> <ul style="list-style-type: none"> - Famotidine (treats GERD) 20mg - take one tablet daily. <p>Review on 10/21/20 of client #2's July 2020 and August 2020 MARs revealed the following:</p> <p>July 2020</p> <ul style="list-style-type: none"> - Famotidine - no staff initials to indicate the medication was administered from 07/11/20 thru 07/13/20. <p>August 2020</p> <ul style="list-style-type: none"> - Eliquis 5mg - medication not available on 08/23/20. <p>Finding #3: Review on 10/21/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 37 year old female. - Admission date of 03/03/17. - Diagnoses of Cerebral Palsy, Seizure Disorder 	V 118		

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V 118	<p>Continued From page 3 and Insomnia.</p> <p>Review on 10/21/20 of client #3's signed physician orders dated 07/01/20 revealed:</p> <ul style="list-style-type: none"> - Jobst Knee-Hi stockings - put on in morning while sitting in chair and remove every evening. - Temperature - take and record daily. <p>Review on 10/21/20 of client #3's July 2020 and August 2020 MARs revealed the following:</p> <p>July 2020</p> <ul style="list-style-type: none"> - Jobst Knee-hi stockings 07/14/20 at 8pm. <p>August 2020</p> <ul style="list-style-type: none"> - No documented temperature on 08/04/20, 08/05/20 and 08/09/20. <p>Finding #4: Review on 10/21/20 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 71 year old male. - Admission date of 08/11/88. - Diagnoses of Moderate Intellectual Developmental Disability, Learning Disorder, Generalized pain, Macular Degeneration, Cerebral Palsy, Hypertension and Hypothyroidism. <p>Review on 08/21/20 of client #4's signed physician orders dated 07/01/20 revealed:</p> <ul style="list-style-type: none"> - Promogran (wound care) - apply to right ankle every other day. - Biweekly Blood Pressure Checks on Wednesday and Saturday. - Petrolatum Ointment Base - apply to 2nd toe of right foot as directed. - Aquaphor Healing Ointment - apply to right foot daily. <p>Review on 08/21/20 of client #4's August 2020</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>thru October 2020 revealed the following: August 2020</p> <ul style="list-style-type: none"> - Promogran - no staff initials to indicate the medication was administered from 08/22/20 thru 08/25/20. - Biweekly Blood Pressure - no staff initials to indicate the medication was administered on 08/01/20 and 08/05/20. <p>September 2020</p> <ul style="list-style-type: none"> - Biweekly Blood Pressure - no documentation to indicate the blood pressure was checked on 09/09/20 and 09/12/20. <p>October 2020</p> <ul style="list-style-type: none"> - Biweekly Blood Pressure - no documentation to indicate the blood pressure was checked on 10/10/20. - No staff initials to indicate the Petrolatum Ointment was applied on 10/15/20 and 10/16/20. - No staff initials to indicate the Prevalon Boots were on his feet on 10/15/20 and 10/16/20 at 8am. - No staff initials to indicate the Aquaphor was applied daily on 10/15/20 and 10/16/20. <p>Finding #5 Review on 10/21/20 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 71 year old male. - Admission date of 08/15/88. - Diagnoses of Severe IDD, Cerebral Palsy, Myopia, Stroke with probable Right Hemiparesis, Sleep Apnea, Neoplasm of Pancreas, Hyperlipidemia and Diabetes Type II. <p>A. Review on 10/21/20 of client #5's signed physician orders dated 08/19/20 revealed:</p> <ul style="list-style-type: none"> - Novolog (insulin) Flexpen Syringe - Inject at breakfast, lunch and dinner per sliding scale of 	V 118		

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V 118	<p>Continued From page 5</p> <p>Finger Stick Blood Sugar (FSBS): 1-150 give 0 units; 150-200 units give 1 unit; 201-250 give 2 units; 251-300 give 3 units; 301-350 give 4 units; 350+ give 5 units.</p> <p>- Informational Orders: Novolog Flexpen for breakfast and dinner per sliding scale of FSBS: Less than 200 give 0 units; between 200 and 250 give 4 units; between 251 and 300 give 6 units; between 301 and 350 give 8 units and greater than 350 give 10 units.</p> <p>Review on 10/21/20 of client #5's July 2020 thru October 2020 MARs revealed</p> <p>- Staff utilized the sliding scale three times a day: 1-150 give 0 units; 150-200 units give 1 unit; 201-250 give 2 units; 251-300 give 3 units; 301-350 give 4 units; 350+ give 5 units.</p> <p>- Staff did not use the sliding scale provided in the informational order section.</p> <p>B. Review on 10/21/20 of client #5's signed physician orders dated 08/19/20 revealed:</p> <p>- Temperature - take and record temperature daily.</p> <p>- Check FSBS three times a day.</p> <p>- Check Blood Pressure once a week on Wednesday.</p> <p>Review on 10/21/20 of client #5's August 2020 thru October 2020 MARs revealed the following:</p> <p>August 2020</p> <p>- No temperature recorded on 08/04/20, 08/05/20 and 08/08/20.</p> <p>- No documented FSBS values to determine sliding scale needs on 08/04/20 and 08/09/20 at 7am, 12pm and 4pm.</p> <p>September 2020</p> <p>- No documented FSBS values to determine sliding scale needs on 09/05/20 and 09/06/20 at</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>7am. - No documented blood pressure checks on 09/09/20 and 09/23/20.</p> <p>October 2020 - No FSBS value to determine sliding scale on 10/16/20 at 5pm.</p> <p>Interview on 10/23/20 the Facility Supervisor stated: - She understood MARs need to be current. - She would follow up on the two different orders for client #5's FSBS and sliding scale.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any</p>	V 120		

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V 120	<p>Continued From page 7 subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to store stocks of controlled substances as required for two of three clients (#3 and #4). The findings are:</p> <p>Finding #1: Review on 10/21/20 of client #3's record revealed: - 37 year old female. - Admission date of 03/03/17. - Diagnoses of Cerebral palsy, Seizure Disorder and Insomnia.</p> <p>Review on 10/21/20 of client #3's signed physician orders dated 07/01/20 revealed: - Lorazepam (anti-anxiety-controlled substance) 0.5 milligrams (mg) - take one tablet three times a day.</p> <p>Review on 10/21/20 of client #3's controlled count sheets for Lorazepam from July 2020 thru October 2020 revealed the following blanks: July 2020 - 07/27/20 at 8am. - 07/31/20 at 4pm. - 07/14/20 at 8pm.</p> <p>August 2020 - 08/31/20 at 8pm.</p> <p>September 2020 - 09/06/20 at 8am.</p>	V 120		

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V 120	<p>Continued From page 8</p> <p>October 2020 - 10/01/20 at 4pm.</p> <p>Finding #2: Review on 10/21/20 of client #4's record revealed: - 71 year old male. - Admission date of 08/11/88. - Diagnoses of Moderate Intellectual Developmental Disability, Learning Disorder, Generalized pain, Macular Degeneration, Cerebral palsy, Hypertension and Hypothyroidism.</p> <p>Review on 10/21/20 of client #4's signed physician order dated 07/01/20 revealed: - Diphenox-Atrop 2.5-0.025 (treats diarrhea-controlled per pharmacy) - take 2 tablets by mouth four times a day as needed.</p> <p>Review on 10/21/20 of client #3's controlled count sheets for Lorazepam from August 2020 thru October 2020 revealed the following blanks: August 2020 - 08/10/20, 08/13/20, 08/14/20, 08/16/20 thru 08/18/20, 08/20/20 thru 08/24/20 and 08/26/20 thru 08/31/20. One August 2020 count indicated the quantity of medication was 24 tablets. The second August 2020 count indicated the quantity of tablets was 120. The third count sheet for August 2020 revealed the tablet quantity was 96.</p> <p>September 2020 - 09/03/20, 09/05/20 thru 09/07/20, 09/13/20, 09/14/20, 09/20/20, 09/21/20 and 09/26/20 thru 09/28/20. The count sheet indicated the quantity of tablets was 30.</p> <p>October 2020 10/04/20 thru 10/11/20. The count sheet indicated</p>	V 120		

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V 120	<p>Continued From page 9</p> <p>the quantity of tablets was 30.</p> <p>Interview on 10/15/20 staff #11 and the manager stated: - Staff were supposed to document current counts of controlled medications daily.</p> <p>Interview on 10/23/20 the Facility Supervisor stated: - She understood the controlled medication count sheets had blanks. - She understood a current count of controlled medications should be documented daily.</p>	V 120		