

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL038-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE TWIN OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>536 MOOSE BRANCH ROAD</b> <b>ROBBINSVILLE, NC 28771</b>
--	--

(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>A complaint survey was completed on 4/1/21. The complaint was substantiated (Intake NC00169619.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults With Mental Illness.</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</p>	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL038-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE TWIN OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>536 MOOSE BRANCH ROAD</b> <b>ROBBINSVILLE, NC 28771</b>
--	--

(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 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: This rule is not met as evidenced by: Based on record review, interview, and observation the facility failed to ensure medications were administered as ordered for 2 of 3 (Client #1 and Client #2) audited clients. The findings are:</p> <p>Record review on 11/9/20, 11/13/20, 3/25/21 and 3/31/21 for Client #1 revealed: -Admission date: 4/25/19 -Diagnoses: Schizophrenia, Major Neurocognitive Disorder due to Hypoxia with Behavioral Disturbances; Post Traumatic Stress Disorder with Panic Attack Specifier, Chronic; Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Presentation; Hypoxic Brain Injury</p> <p>Observation on 11/9/20 at 11:40 AM of Client #1's medications revealed: -Olanzapine 2.5 milligrams (mg) tablet every morning</p> <p>Review on 1/27/21, 3/25/21, and 3/30/21 of August 2020 - November 2020 MARs and physician orders for Client #1 revealed: -Olanzapine 2.5 mg tablet every morning was ordered 8/27/20 and was not administered 10/31/20. -Strattera 40 mg 1 tablet each day for 15 days ordered on 7/30/20 was not administered 8/9/20. -Cymbalta 60 mg 1 capsule every morning</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL038-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE TWIN OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>536 MOOSE BRANCH ROAD</b> <b>ROBBINSVILLE, NC 28771</b>
--	--

(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 118	<p>Continued From page 2</p> <p>ordered on 7/2/20, was administered from 7/2/20 to 9/25/20 and stopped. There was no discontinue order.</p> <p>Record review on 11/9/20, 11/13/20, and 3/25/21 for Client #2 revealed: -Admission date: 3/31/17 -Diagnoses: Intellectual Disability Disorder - Mild; Unspecified Anxiety Disorder</p> <p>Observation on 11/9/20 at 12:10 PM of Client #2's medications revealed: -Vitamin B12 500 micrograms (mcg) 1 tablet per day -Folic Acid 400 mcg 1 tablet each morning.</p> <p>Review on 1/27/21, 3/25/21, and 3/30/21 of August 2020 - November 10, 2020 MARs for Client #2 revealed: -Vitamin B12 500 mcg 1 tablet per day was ordered 5/6/20 and 10/21/20 and was not administered on 8/30/20, 9/1/20 - 9/30/20, and 11/1/20 - 11/4/20. Folic Acid 400 mcg 1 tablet each morning ordered on 10/21/20 was not administered until 11/5/20</p> <p>Interview with the Intellectual Developmental Disability Coordinator on 3/25/21 revealed: -Client #2's father supplied the Folic Acid. -He had difficulty finding it at a reasonable price, which delayed him getting it to the facility until 11/5/20.</p>	V 118		