

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2021
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NAME OF PROVIDER OR SUPPLIER THE TWIN OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771
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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 A complaint survey was completed on 4/1/21. The complaint was substantiated (Intake NC00169619.) Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults With Mental Illness.	V 000	A review of policies and procedure as well as consumer records relative to these reported findings was conducted. Through that review and based on the findings presented in this report, it appears that these errors can be mostly attributed to difficulties documenting medication administered, rather than a failure to administer medication appropriately. Therefore, the following actions/changes are focused on such to ensure continued compliance: Moving forward, the Director of IDD services (Nurse) rather than direct care staff will transcribe/configure medications on the paper and eMARs to ensure completeness and accuracy.	5/31/21
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	V 118	The Director and IDD Coordinator will also coordinate directly with prescribers to ensure discontinue orders are obtained when medications are changed. This will ensure that changes are made more quickly and accurately so that in turn, medications that have been discontinued are not appearing on the eMAR as active and needing to be administered (resulting in documentation exceptions). Moving forward, the Pharmacy shall fill and package all medications including prescription and prescribed OTC medicine. This will ensure appropriate supply of medication and avoid instances where medication supply is delayed or not obtained due to guardian. All IDD residential staff shall complete a medication administration refresher training course provided by the Pharmacist by May 31, 2021. This training to include but is not limited to: appropriate procedures, identifying and managing barriers to successful medication administration; seeking supervision and assistance when faced with exceptions, and coordinating with involved providers (prescribers, pharmacy, guardians, etc). Beginning on 4/1/21, the eMAR shall be monitored daily by the IDD Coordinator and the Director of IDD Services. This will allow for near real-time monitoring to ensure appropriate medication administration and documentation of such, as well as immediate corrective measures and interventions as appropriate. In addition to the aforementioned actions and policy/procedural changes, IDD Departmental Leadership shall ensure that medication administration is monitored and concerns discussed/addressed regularly during Leadership and Team Meetings.	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Victoria Singley	TITLE Director IDD Services	(X6) DATE 4/15/2021
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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	<p>The Director of IDD services will be responsible for transcribing/configuring medications on the paper and eMARs. The Director and IDD Coordinator will work with prescribers to ensure discontinue orders are obtained when medications are changed.</p> <p>The Pharmacy shall fill and package all medications including prescription and prescribed OTC medicine.</p> <p>All IDD residential staff shall complete a medication administration refresher training course provided by the Pharmacist by May 31, 2021.</p> <p>Beginning on 4/1/21 the eMAR shall be monitored daily by the IDD Coordinator and the Director of IDD services to ensure medication administration documentation compliance.</p>	

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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		