

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IDELLA'S CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>507 CLUB PINES DRIVE GREENVILLE, NC 27834</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on September 14, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 with a physician.</p>	V 118		

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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>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to administer medications as ordered by a physician for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 9/14/21 of client #1's record revealed: - 26 year old female admitted 4/22/19. - Diagnoses included Schizoaffective Disorder, bipolar type; Intellectual/Developmental Disability, mild; Seizure Disorder; Morbid Obesity and Borderline Diabetes. - Physician's order signed 10/21/20 for Nizoral Shampoo 2% (antifungal used to treat dandruff) to scalp twice weekly, leave on for five minutes then rinse.</p> <p>Review on 9/14/21 of client #1's MARS for July - September 2021 revealed: - Transcription for Nizoral Shampoo 2% to scalp twice weekly. - Staff initials that Nizoral Shampoo was used only once weekly 8/15/21 - 9/11/21. - No documented explanation for the omissions.</p> <p>Observation at 2:50 pm on 9/14/21 of client #1's medications on hand revealed: - Nizoral Shampoo 2% "Use as a shampoo to scalp twice a week, leave on for 5 minutes then rinse" dispensed by the pharmacy 8/01/21.</p> <p>During interview on 9/14/21 the AFL Provider stated:</p>	V 118		

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V 118	Continued From page 2  - Client #1 had braided hair. - The Nizoral Shampoo made client #1's braids fall out. - When client #1's hair was not braided she used the shampoo twice weekly. - The Physician told her client #1 could use the shampoo on an as needed basis when her hair was braided, but he did not re-write the order. - She would ask the Physician to re-write the order.	V 118		