

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/20/2021
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NAME OF PROVIDER OR SUPPLIER UPWARD PROCESS	STREET ADDRESS, CITY, STATE, ZIP CODE 568 ALLEGHANY ROAD FAYETTEVILLE, NC 28304
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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>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 rule violations was completed on September 20, 2021. This was a limited follow up survey, only 10A NCAC 27G .0209 (c) Medication Requirements (V118), 10A NCAC 27G .0209 (d) Medication Requirements (V119), 10A NCAC 27G .5603 Operations (V291), 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation (V512) and 10A NCAC 27F .0101 Client's Personal Funds (V542) were reviewed for compliance. The following were brought into compliance 10A NCAC 27G .0209 (c) Medication Requirements (V118) (Abated), 10A NCAC 27G .0209 (d) Medication Requirements (V119), 10A NCAC 27G .5603 Operations (V291), 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation (V512) and 10A NCAC 27F .0101 Client's Personal Funds (V542). A deficiency was 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 (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,</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>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:</p> <p>(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.</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> <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, on the written order of a physician and the MAR's were not current affecting one of three audited clients (#5). The findings are:</p> <p>Review on 09/13/21 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 56 year old male. - Admission date of 10/01/12. - Diagnoses of Schizophrenia Paranoid Type, Chronic Obstructive Pulmonary Disease, Bronchitis, Insomnia, Allergic Rhinitis and Joint Pain. 	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 09/17/21 of a signed physician order for client #5 dated 9/15/21 revealed:</p> <ul style="list-style-type: none"> - Nitroglycerin (treats or prevents chest pain or pressure) 0.4 milligrams (mg) sublingual tablet - 1 tablet once for chest pain, check Blood Pressure and if blood pressure is greater than 90/80 and chest pain continues may give a second dose and call 911 if pain persists. - No specific parameters for client to be able to self administer medication in the community or day program. <p>Observation on 09/13/21 at approximately 11:00am at the facility revealed:</p> <ul style="list-style-type: none"> - Client #5 was at the day program. - Client #5's medications at the facility revealed Nitroglycerin 0.4mg - as needed. <p>Interview on 09/13/21 client #5 stated:</p> <ul style="list-style-type: none"> - He had lived at the facility for a number of years. - He had an appointment upcoming with a cardiologist. - His doctor recently prescribed Nitroglycerin if he has tightness in his chest in the morning. - He has not needed the medication. <p>Interview on 09/13/21 and 09/20/21 the Licensee stated:</p> <ul style="list-style-type: none"> - He had obtained an order for client #5's nitroglycerin as needed. - The doctor said to give client #5 nitroglycerin in the morning. - He had attempted to get the doctor to give specific parameters on client #5 self administration and if to be used only in the morning. - He had contacted the doctor office several times. - Client #5 has a stress test pending and a 	V 118		

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V 118	Continued From page 3 cardiology consult. - He will ensure medications are administered as ordered. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		