

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>059-089</b>  <b>200067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAMONA TAYLOR HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 RED VIEW DRIVE MARION, NC 28752</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
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V 000	INITIAL COMMENTS  An Annual survey was completed on 8/25/21. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000	<b>Correction for Ramona Taylor Home: Tag # V118</b> The AFL provider will receive additional training/repeat Med Admin with Universal's certified RN to ensure medication administration occurs appropriately and documentation of medications are entered on the MAR immediately following the administration, and not engage in documenting administering doses in the future. Training will also include accurately recording instructions on the MAR as written by the prescribing physician and as labeled on the medication bottle by the pharmacy. Also, during monthly visits and upon monthly receipt of the MARs, Universal's QP will review the document and address any issues or concerns with the AFL provider. <b>Prevention:</b> The AFL provider will communicate all medical information/instruction from licensed health professionals/primary physician for every person served residing in the AFL home with the legal guardian/responsible person. The QP will conduct routine home visits which includes periodic unscheduled visits as a measure to maintain the health and safety standards for every person served residing in the Ramona Taylor AFL home. This includes routinely reviewing the MARs, prescriptions from the prescribing physician, and medication bottles received from the pharmacy.	
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 with a physician.	V 118	<b>DHSR - Mental Health</b> <b>SEP 24 2021</b> <b>Adm. &amp; Cert. Section</b>	10/24/2021

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*[Signature]*  
STATE FORM 6899 KPR11 TITLE  
*[Signature]*  
TAYLOR REGIONAL IDD SERVICES MANAGER  
(X6) DATE  
**9/10/2021**  
If continuation sheet 1 of 3

Division of Health Service Regulation

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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, interviews and observations, the facility failed to ensure that the instructions for administering the medication were recorded on the MAR and that medications were recorded immediately only after administration affecting 1 of 1 client (client #1). The findings are:</p> <p>Review on 8/24/21 of client #1's record revealed: -admission date of 7/5/20; -diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, and Pica (eating non-food items).</p> <p>Finding #1: Observation on 8/24/21 at 11:45am of client #1's medication bottles revealed: -Focalin 10 milligram (mg) one capsule by mouth every day in the morning; -Risperidone 1 mg one tablet by mouth twice per day; -Clonidine 0.1 mg one tablet by mouth nightly.</p> <p>Review on 8/24/21 and 8/25/21 of the June, July, and August MARs revealed: -morning medications were administered at 7am and evening medications were administered at 7pm; -no instructions written on MAR documenting how to administer the Focalin, Risperidone or Clonidine.</p>	V 118	<p><b>Monitoring:</b> The QP will monitor/supervise the AFL provider by conducting visits at least 1x per month. The visits will occur at the home which will allow the QP to inspect the MARs, medication containers/packages and prescriptions to ensure medications are correctly administered.</p> <p><b>How often:</b> The QP will visit the residential facility at least 1x per month which includes periodic unscheduled visits.</p>	<p>10/24/2021</p>

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V 118	<p>Continued From page 2</p> <p>Interview with the Alternative Family Living (AFL) provider on 8/24/21 revealed: -MARs were hand written using MAR sheet provided by licensee; -there was not enough space to write medication administration instructions; -she did not receive pre-printed MARs from the pharmacy.</p> <p>Interview on 8/25/21 with the Qualified Professional (QP) revealed: -she makes announced and unannounced visits to the provider's home at least monthly; -she checks medication and MARs monthly.</p> <p>Finding #2: Review on 8/24/21 at 11:45am of August 2021 MAR for client # 1 revealed: -provider documented medication administration by signing her initials for each time and day that medications were administered; -provider documented administering doses in the future which included: -evening dose of Clonidine on 8/24/21; -evening dose of Risperidone on 8/24/21; -morning dose of Focalin on 8/25/21-8/27/21; -morning and evening dose of Risperidone on 8/25/21-8/27/21; -morning dose of Risperidone on 8/28/21.</p> <p>Interview with the AFL provider on 8/25/21 revealed: -she may have initialed the MAR in advance because she was confused about the date.</p>	V 118		