

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-373</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDLY PEOPLE THAT CARE 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3482 BRAMLET COURT CLEMMONS, NC 27012</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 October 6, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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 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 observations, record reviews and interviews, the facility staff failed to ensure prescription drugs had the required packaging labels for 1 or 2 clients (#1) medications. The findings are:</p> <p>Review on 10/5/21 of client #1's record revealed: -An admission date of 9/1/21 -Diagnoses of Intellectual Disability, Moderate and Obsessive-Compulsive Disorder -An assessment dated 8/11/21 noted "has a history of sexual abuse (but no one believed her when she reported it), remains somewhat at risk for sexual exploitation, though she has learned to protect herself somewhat in role play situations, she sometimes struggles to know how to interact with males, has a history of destroying property in her mother's home and was hospitalized for hitting her mother, others need to know her goals, medications and that she can get upset and attack others and destroy property if not supported by others, can perform most of her self-care needs with gestural prompts, however she requires support to promote oral hygiene/health such as brushing teeth, is adamant she does not feel ready to pursue vocational training or getting a job, attends the day program, has had an increase in her behaviors and having more issues in the home, has become more non-compliant, has refused at times to interact with others, needs monitoring and verbal prompting to prevent tearing of</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>clothing and prevention of stealing, was recently admitted to the facility, needs to increase her socialization, communication, health/safety, independent living skills and daily care/hygiene skills through receiving Residential Supports."</p> <p>-A treatment plan dated 9/1/21 noted "will talk to the person she is upset with, with no more than 3 verbal prompts, will help prepare a simple meal daily with no more than 2 verbal prompts, will prepare her lunch, choose a health choice to pack with no more than 2 verbal prompts, will exercise daily for at least 20 minutes with no more than 2 verbal prompts and will interact with her housemates and peers daily to increase her socialization skills."</p> <p>-Physician's orders dated 8/24/21 for Cod Liver Oil, 1poqd, Lamictal 100mg, 1poqhs, Progesterone Acetate inject into the muscle every 3 months, Multivitamin with Minerals, 1poqd, Risperdal 0.5mg, 1poqhs, Metformin 500mg, take 1pobid</p> <p>Observations on 10/5/21 at 2:55pm, of client #1's medications revealed:</p> <p>-The prescription medications were in a Tupperware container with a blue lid with no identifying information</p> <p>-A 7 day per week pill organizer was brought out by the House Manager</p> <p>-There was no identifying information on the pill organizer which had the color red for the morning medications and the color blue for the evening medications</p> <p>-Inside each individual pill containers there were small storage areas for each morning and evening medications for 7 days of the week.</p> <p>-The Sunday and Monday storage areas for the evening medications were empty</p> <p>-Tuesday, Wednesday, Thursday, Friday and Saturday evening storage areas contained pills</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>inside.</p> <ul style="list-style-type: none"> <li>-The Sunday, Monday and Tuesday morning storage areas were empty</li> <li>-The Wednesday, Thursday, Friday and Saturday storage areas contained pills inside.</li> <li>-There was no packaging label for the medications which included the client's name, the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date of the prescribed drug and the name, address and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.</li> </ul> <p>Interview on 10/5/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-The Home Manager put client #1's prescription medications in the 7 daily pills organizer</li> </ul> <p>Interview on 10/5/21 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 was admitted to the facility on 9/1/21.</li> <li>-"When she came to us, that's how her medications were sorted. I did not know the medications needed to remain in their prescription bottles. She will be getting bubble packs for her prescription medications from the pharmacy soon."</li> </ul> <p>Interview on 10/6/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Was not aware facility staff were re- dispensing client #1's medications into a 7 day pill organizer.</li> <li>-Would ensure, immediately, that it would stop and client #1's medication remained in the original prescription bottle.</li> </ul>	V 118		