

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-960</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ALTERNATIVE HOUSING, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1410 SEABISCUIT DRIVE PARKTON, NC 28371</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 8, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living Alternative Family Living in a Private Residence.</p>	V 000	<p>Pursuant to V118 in which the agency failed to properly document and administer medication to care recipient in accordance to physician's orders specifically the agency did not have proper physician's DC order for: Zolof 50mg, Gabapentin 100 mg, Trazadone 100 mg, Clonidine 2 mg, Triamcinolone Acetoidine ointment, and Fluticasone 50 mcg nasal spray. At the time of review the paper copy of the physician's order was not available for the auditor to review.</p>	
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</p>	V 118	<p>The care recipient was discharged from Murdoch with medications orders from NP not MD or DO and the agency nurse failed to get in touch with the MD or DO attached to the care recipient's discharge planning team. The agency acknowledges that it has failed to have a copy of the care recipient's physician's orders on hand and plans to make the following corrections:</p> <p>The agency will no longer accept adolescent discharges from hospital without the after care follow up visit in place. The nurse was concerned about the dosages of blood pressure medications specifically, Propranolol 90 mg per day, the Amlodipine Besylate 10 mg per day in an 8 year old. The agency is aware that the aforementioned blood pressure medications can be used to treat anxiety as a non-habit forming alternative benzodiazapine. The nurse wanted clarification on doses as she was concerned that the doses could be considered a chemical restraint. The agency failed to adhere to NCAC rules as it relates to having orders from MD or DO. The agency will change it's admission</p>	

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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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to ensure medications were administered as ordered by a physician and MARs kept current affecting 1 of 1 clients (#1). The findings are:</p> <p>Review on 9/8/21 of client #1's record revealed: -8 year old male. -Admitted on 7/28/21. -Diagnoses of Autism Spectrum Disorder, Intellectual Disability, Mild and Attention Deficit Hyperactivity Disorder (ADHD), Combined Presentation. -There were no signed physician orders or discontinued orders for Zoloft 50 mg (milligrams), Gabapentin 100 mg, Trazadone 100 mg, Clonidine 2 mg, Triamcinolone Acetonide ointment 0.1% and Fluticasone 50 mcg (microgram) nasal spray.</p> <p>Review on 9/8/21 of client #1's "Risk Support Needs Assessment" medication support dated 7/16/21 revealed: -Zoloft 50mg 3 times daily for anxiety. -Gabapentin 100 mg nightly for restlessness. -Trazadone 100 mg nightly for sleep. -Clonidine 2 mg twice daily for blood pressure and ADHD.</p> <p>Review on 9/8/21 of client #1's signed physician orders dated 7/27/21 revealed:</p>	V 118	<p>process to ensure that all new care recipients have proper physician's orders on hand and available for review. It is the agency's belief that a proper medication reconciliation should be performed with agency nurse and care recipient's PCP or Psychiatrist prior to admission. The agency will ensure that all intake staff are aware of the new process. The agency will conduct an in-service training on 28SEP21 on the new hospital discharge planning and intake process. The agency will require documentation from the care recipient's PCP or Psychiatrist acknowledging that the regimen given in the hospital is appropriate. This will allow the agency to have a clear and concise treatment regimen for an AFL level of care. The agency cannot use medication as a form of restraint. The standard operation procedural change for admissions will occur on or before 21SEP21. The care recipient will have a visit with physician on 23SEP21 at Kid's Care (the PCP) and 01OCT21 with Dr. Bedford (the care recipient's psychiatrist). The agency will have in-service regarding physician's orders and intake procedures on 28SEP21, the care recipient will have physician's visit and reconciliation on or before 05OCT21. The care recipient's paper MAR will reflect all current medications. The agency nurse RN Whitehead will monitor home physically twice per month to ensure corrections are made.</p> <p>Pursuant to V118 specifically in which the agency failed to transcribe the appropriate medications on MAR or have appropriate medications on hand the agency will take the following steps to ensure the facility</p>	

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Amlodipine Besylate 5 mg, twice daily at 8am and 2pm. (high blood pressure)</li> <li>-Escitalopram Oxalate Sol 5 mg, 7.5 mg daily at 8am. (depression/anxiety)</li> <li>-Cholecalciferol 25 mg, 2 twice daily at 8am and 7pm. (vitamin D supplement)</li> <li>-Albuterol Sulfate HFA 90 mcg, 2 puffs every 4 hours as needed for coughing/wheezing/SOB (shortness of breath) or 15 minutes prior to exercise.</li> </ul> <p>Review on 9/8/21 of client #1's MARs from July 28, 2021 - September 8, 2021 revealed:</p> <ul style="list-style-type: none"> <li>-Escitalopram Oxalate Sol 5 mg was transcribed as 5mg once daily on July and August MAR.</li> <li>-Triamcinolone Acetonide ointment 0.1% was transcribed as needed on July and August MAR.</li> <li>-Fluticasone 50 mcg nasal spray was transcribed on August MAR and administered daily.</li> <li>-Cholecalciferol 25 mg was not transcribed on September MAR.</li> <li>-Amlodipine Besylate 5 mg dosing times were transcribed as 7am and 7pm for September.</li> </ul> <p>Observation of client #1's medication locked box on 9/8/21 between 1:00pm - 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-Albuterol Sulfate HFA 90 mcg, Triamcinolone Acetonide ointment 0.1% and Cholecalciferol 25 mg were not available at facility for administration.</li> </ul> <p>Interview on 9/8/21 client #1 stated he had received his medications daily.</p> <p>Interview on 9/8/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-The Alternative Family Living (AFL) provider was responsible for ensuring medications were available for administration.</li> <li>-Client #1's legal guardian had medications filled</li> </ul>	V 118	<p>keeps and maintains compliance as it relates to medication administration.</p> <p>The employees of the agency facility will complete an in-service training on how to complete initial MAR and how to ensure all medications are on hand. The agency nurse will ensure all medications are on hand and available to dispense once medication reconciliation has been completed. Once medication reconciliation is completed agency nurse and facility staff will log medications on facility medication received form. The nurse and facility staff will sign and date. In-service training for MAR will occur on or before 23SEP21. The agency nurse will monitor th facility twice a month to ensure that all medications are on hand. To ensure that the facility keeps and maintains compliance as it relates to NCAC rules regulations pertinent to medication on hand.</p> <p>The agency noticed some standard operational procedural issues as they relate to medication administration and documentation. The agency will transition to eMAR to aid in medication administration procedures. The agency is utilizing Chart Meds eMAR system. The agency will ensure that the Seabiscuit facility is online with the eMAR system on or before 15OCT21. The agency has a contract with Chart Meds and will utilize the eMAR service at this facility. The reviewer noted: Physician's orders are kept at the licensee office. The eMAR system would allow the reviewer the opportunity to view all documentation electronically. The agency acknowledges that a paper copy of the physician's orders should have been on site. The eMAR system will aid in</p>	

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V 118	<p>Continued From page 3</p> <p>by pharmacy and provided medications to AFL.</p> <ul style="list-style-type: none"> <li>-The pharmacy used by client #1's legal guardian would not release any information to Licensee.</li> <li>-She did not know if client #1's physician orders for Zoloft, Gabapentin, Trazadone or Clonidine were current or discontinued.</li> <li>-She spoke with client #1's legal guardian and requested current physician orders.</li> <li>-She understood it was the facility's responsibility to ensure medications were available and administered as ordered by physician.</li> </ul> <p>Interview on 9/8/21 with AFL provider stated:</p> <ul style="list-style-type: none"> <li>-Client #1's physician orders were kept at the Licensee office.</li> <li>-All medications for client #1 were delivered to AFL by client #1's guardian.</li> <li>-Client #1's guardian had not provided any Zoloft, Gabapentin, Trazadone or Clonidine to her.</li> <li>-Client #1's Escitalopram Oxalate Sol 5 mg was administered as ordered.</li> <li>-She did not have client #1's Albuterol inhaler or Triamcinolone ointment at the facility for administration.</li> <li>-Client #1's guardian had the Albuterol inhaler and Triamcinolone ointment but the medications did not have prescription labels.</li> <li>-Client #1's Fluticasone 50 mcg nasal spray was not provided to her in July or September by client #1's legal guardian.</li> <li>-Client #1's Cholecalciferol 25 mg was not provided for September.</li> <li>-She had not changed dosing times and client #1's day time medications were administer by AFL at the school.</li> <li>-She did not know if any of client #1's medication were discontinued.</li> <li>-Client #1's doctor's appointment was scheduled for 10/7/21 and AFL provider would have all client #1's medications filled as ordered by physician.</li> </ul>	V 118	<p>decreasing instances of paperwork not on hand. The eMAR will also allow for increased communication between provider physician and direct care staff, additionally medication reconciliation and reports can be produced to decrease the likelihood of not having medication on hand. The eMAR system will allow the agency to create checks and balances as they relate to onsite facility nurse visits. The agency plans to increase nursing staff to ensure that all site visit reports are followed to completion. The agency nurse was able to identify the problem, however, no resolution to the report. The agency will utilize eMAR and additional nursing staff to ensure that the medication is administered in accordance to NCAC rules and regulations.</p>	
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V 118	Continued From page 4  -She understood it was the facility's responsibility to ensure medications were available and administered as ordered by physician.	V 118		