

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/26/2021
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NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 GOLD STREET WILSON, NC 27893
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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 complaint and follow up survey was completed on August 26, 2021. The complaint was unsubstantiated (intake #NC00178846). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This Statement of Deficiencies was amended on 8/26/21 due to additional information provided. The survey completion date was amended from August 12, 2021 to August 26, 2021.</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, 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;</p>	V 118	<p>DHSR - Mental Health</p> <p>OCT 1 2021</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathleen B. McGuire</i>	TITLE	(X6) DATE
September 18, 2021		

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications administered were recorded on the client's MAR immediately after administration for 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 8/10/21 of client #1's record revealed: - 56 year old admitted 4/23/15. - Diagnoses included Intellectual/Developmental Disability, moderate; Generalized Anxiety Disorder; Major Depressive Disorder; asthma; hyperlipidemia; venous insufficiency; chronic kidney disease; and sleep disturbance. - Physician's orders 2/12/21 for aripiprazole (anti-psychotic) 10 mg 1 tablet every evening at 7:00 pm; ezetimibe (used to lower cholesterol) 10 mg (milligram) 1 tablet every evening; Jobst Knee-Hi (help increase circulation, and prevent the formation of blood clots in the lower legs) put on in the morning and remove at bedtime; melatonin (used to promote sleep) 3 mg 1 tablet at 8 pm; montelukast (can prevent asthma attacks) 10 mg 1 tablet at bedtime; oxybutynin (can treat overactive bladder) 5 mg 1 tablet at bedtime; pravastatin (can treat high cholesterol)</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>40 mg 1 tablet at bedtime; verapamil (antihypertensive; can prevent migraine headaches) 240 mg 1 tablet at bedtime; triamcinolone 0.1% ointment (used to treat the inflammation and itching caused by skin conditions) apply a thin layer topically to affected area(s) twice daily; and physician's order signed 5/12/21 for docusate (stool softener) 100 mg 1 capsule twice daily.</p> <p>Review on 8/10/21 of client #1's MARs for June 2021 - August 2021 revealed:</p> <ul style="list-style-type: none"> - Blanks for 6/18/21 8:00 pm doses of Docusate, ezetimibe, melatonin, montelukast, oxybutynin, pravastatin, and verapamil. - Blanks for 6/18/21 7:00 pm dose of Aripiprazole - Blanks for 6/18/21 7:00 pm to 9:00 pm removal of Jobst Knee-Hi and application of triamcinolone 0.1% ointment. - No documented explanation for the omissions. <p>During interview on 8/12/21 client #1 stated she took her medications daily with staff assistance and she wore her knee hi's daily. She needed staff assistance to put her knee-hi's on.</p> <p>Review on 8/10/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 39 year old admitted 7/01/09. - Diagnoses included Intellectual/Developmental Disability, mild; Schizophrenia; Bipolar Disorder, unspecified; Major Depressive Disorder; Generalized Anxiety Disorder; Type 2 Diabetes; hyperlipidemia; vitamin D deficiency. - Physician's orders signed 2/11/21 for metformin (anti-diabetic) 1000 mg 1 tablet twice daily; Prevident 5000 Booster Plus (toothpaste) brush thoroughly once a day at bedtime; Vitamin D3 (used to treat vitamin D deficiency) 1000 units 1 capsule twice daily; blood glucose reading, check 	V 118		

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V 118	<p>Continued From page 3</p> <p>twice daily, notify provider if glucose under 50 or over 300, "Schedule: Mon (Monday) Tue (Tuesday) Wed (Wednesday) Thu (Thursday) Fri (Friday) at 8:00, Sun (Sunday) Sat (Saturday) at 9:00, Daily at 20:00 (8:00 pm)."</p> <p>Review on 8/11/21 of client #2's MARS for June 2021 - August 2021 revealed:</p> <ul style="list-style-type: none"> - Blanks for 6/18/21 8:00 pm doses of Metformin, Prevident 5000 Booster Plus, Vitamin D3, and blood sugar check. - No documented explanation for the omissions. <p>During interview on 8/11/21 staff #1 stated:</p> <ul style="list-style-type: none"> - Clients received their medications as ordered. - Blanks on the MARs could be a result of internet failure. - If the internet failed, staff could not document medication administration using the electronic MAR system. - She could not explain why other clients' 8:00 pm medications were documented as administered on 6/18/21. <p>During interview on 8/11/21 the Senior Director of Residential Services stated:</p> <ul style="list-style-type: none"> - There were blanks on the June MARs. - She understood the requirement for medication administration to be recorded on the MARs immediately. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118 ;	<p>Reviews of the MAR's for residents will be completed at the end of each shift by staff to assure appropriate documentation. Additionally, the RN from the Health and Wellness Team will conduct increased reviews of this documentation. Medication error reports will be completed as needed.</p>	
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V 736 V 736	Continued From page 4 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean manner. The findings are: Observations during facility tour 8/10/21 at approximately 3:20 pm revealed: - Rust on the top inside of the microwave. - Upholstery on the arm rest of the sofa in front of the living room window was torn and frayed. - Dead spiders on the floor behind the sofa. During interview on 8/12/21 the Senior Director of Residential Services stated she understood the requirement for the facility to be maintained in a safe and clean manner. She would submit a request to have the microwave replaced. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736 V 736	Group Home manager will complete the facility inspection (attached) on a quarterly basis to assure that the facility is appropriately maintained.	

Facility: _____

Reviewers: _____

Date of Facility Review: _____

Please return corrected facility review checklist to the reviewer one month after receipt: _____

Exterior of Facility

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Facility/grounds are safe, clean, and free from offensive odors/insects/rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Location is accessible for physically handicapped; location is wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Exterior is consistent with neighborhood appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Handrails are secure and in place at all steps and ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

DHSR - Mental Health

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Exterior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
All exterior doorways, entrances, and ramps/steps shall be kept clear and unobstructed at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Exterior of facility is in good maintenance and repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Exterior lighting is working at all entrances and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				

Interior of Facility				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
CO2 monitor is utilized in the facility if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
Accommodations for staff/guests are separate from bedrooms of individuals receiving services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
Filters changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
Smoke detectors are adequately placed around the facility and are fully operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				

Interior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Emergency information, first aid CPR, and poison control protocol numbers are posted or easily accessible for staff and individuals to utilize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Rights are posted on common area walls including how to contact NC state offices and Disability Rights NC (or will be identified as to where it will be posted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Restrooms are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Restroom fixtures are in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Interior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
All interior hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Interior handrails are secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Interior of facility is in good maintenance and repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Lifts/hoists are fully functional and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				

Interior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Emergency exits are posted and fully functional by each doorway and at the end of halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Housekeeping is generally in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Bathroom/kitchen floors have non-slip surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Flooring/carpet free of: cracks/holes/tears/loose carpeting/stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Indoor lighting is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications locked (Double if controlled meds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
There is a current photo for identifying residents prior to the administration of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
Adequate supplies (i.e. medicine cups, devices to crush medications, syringes, and graduated medicine cups to measure medications) are available and used by staff to accurately and safely administer medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
Self-administrated medications are stored in a safe and secure manner in a resident's room according to the facility's policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				

Medication, contd.

Medication, contd.				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications are stored in a safe, locked area (i.e. in a medication cart or cabinet) except when under the direct supervision of appropriate staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medication administration areas are well lit and ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medication storage area is clean and uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medications are not stored in bathrooms, utility rooms, or the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medication is stored in an orderly manner (i.e. residents medications are not intermingled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
The keys or combinations to locks for the medication area are under the control of authorized staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Medications for external use are stored separately from medications for internal use. However, ophthalmics, optics, and transdermal may be stored with internal medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Non medication items are not stored with medications in the medication area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Temperature for the refrigerator is appropriate (between 36°F and 46°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Medications requiring refrigeration are stored in the refrigerator. Those medications are labeled with "Keep in Refrigerator"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Medications not requiring refrigeration are stored at room temperature (59°F - 86°F) according to policy or to the manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				

Medication, contd.

Medication, contd.				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications stored in a refrigerator containing non-medication items (i.e. food) are stored in a separate container. Additionally, one of the following must be true: The medication container is locked, the refrigerator is locked, or the refrigerator is located in a locked medication area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: _____ / _____ / _____
Reviewers' Notes:				
The 24-hour emergency telephone number of the pharmacist is posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: _____ / _____ / _____
Reviewers' Notes:				
An up-to-date medication reference book is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: _____ / _____ / _____
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
A metric-apothecary conversion chart and medical abbreviations list is posted or available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medication cups are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Safety Planning				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Fire and disaster plans are written and available to the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
Fire and disaster drills completed quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
Fire and disaster drills are conducted under conditions to simulate real emergencies (knowledge of how to do these drills per policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medical preparedness plan to be utilized in a medical emergency (first-aid and CPR procedures are posted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Transportation - including accessibility of emergency information for a client. Vehicle has handicapped equipment to meet client's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Fire Marshal/Fire Extinguisher annual assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Supplies

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Antibacterial / Virucidal household cleaner or bleach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Liquid soap dispensers and paper towels are located beside every sink in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				
Sharps Container or Approved Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___/___/___
Reviewers' Notes:				

First Aid Kit (including, but not limited to...)

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Band-Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Sterile Gauze Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Adhesive Medical Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Ace Bandages, clean and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Staff

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Evidence exists of ongoing workplace safety training (OSHA posters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Staff are knowledgeable about reporting injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Personal protective equipment is available to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Licensure				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___ / ___ / ___
Reviewers' Notes:				
CLIA Waiver (residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___ / ___ / ___
Reviewers' Notes:				
Fire Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ___ / ___ / ___
Reviewers' Notes:				

Miscellaneous				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications locked (Double if controlled meds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
Evidence that meals/food/water are available and provided based on staff and/or report of individuals and visual confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
Food safety/sanitation annual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				

Miscellaneous, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Notification of Grievance procedure/process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Cleaning materials are stored appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Electrical equipment is in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				