Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MHL0411101

MHL0411101

FORM APPROVED

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING

R

10/20/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP

M & S CREEKSIDE

7312 FRIENDSHIP CHURCH

BROWN SUMMIT, NC 27214

(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) COMPLE

V 000 An Annual and Follow-Up Survey was completed on October 20, 2021. A deficiency was cited.

This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities

- 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 every 6-months by a pharmacist or physician, the results of the review were recorded in each client 's record, and each client 's primary care

QP will have staff to do a medication administration refresher training. QP will also conduct a training with staff on MAR and documentation during a supervision. QP will also monitor staff during medication distribution to ensure she is doing it correctly, and QP will continue to do random visual checks on MAR. QP will be responsible for this monitoring and it will take place biweekly.

DHSR - Mental Health

NOV 5 2021

Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Je ve on

(YE) DATE III

STATE FORM

LBEF11

If continuation sheet 1 of 5

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL0411101 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE M & S CREEKSIDE 7312 FRIENDSHIP CHURCH ROAD BROWN SUMMIT, NC 27214 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) V118 Continued From page 1 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure MARs for all clients were kept current, and all medications administered were recorded immediately after being administered for three (client #1, client #2 and client #3) of three clients surveyed. The findings are: Review on 10-18-21 of client #1's facility record revealed: - admitted 6-2-19 - 70 years old - diagnosed with: - Moderate Intellectual Disability - Seizure Disorder - Osteopenia - Gastroesophageal Reflux Disease - Lupus - Static Encephalopathy - prescribed on 7-27-21 by her physician: - buspirone hydrochloride (hcl) 15 milligrams (mg.) one, twice daily - carbamazepine extended release (er) 100 mg. three, twice daily - levetiracetam 500 mg, one, twice daily - prescribed on 7-12-21 by her physician: - gabapentin 300 mg. two, at night - prescribed on 9-7-21 by her physician: - lubiprostone 24 micrograms (mcg.) one

Division of Health Service Regulation STATEMENT OF (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DEFICIENCIES AND PLAN OF **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: CORRECTION R MHL0411101 B. WING 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP M & S CREEKSIDE 7312 FRIENDSHIP CHURCH BROWN SUMMIT, NC 27214 X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 twice daily - prescribed on 4-2-21 by her physician: - atorvastatin 10 mg. one, taken at night Further review on 10-18-21 at 11:40 am revealed, each medication that was ordered to be given twice daily or at night, already had the afternoon or nighttime dose recorded as having been given Review on 10-18-21 of client #2's facility record revealed: - admitted 6-10-19 - 61 years old - diagnosed with: - Moderate Intellectual Disability - Schizoaffective Disorder, Bipolar Type - Post Traumatic Stress Disorder - Mild hearing loss - Obesity - Scoliosis - prescribed on 6-9-21 by her physician: - divalproex sodium dr (delayed release) 500 mg. one, twice daily - famotidine 20 mg. one, twice daily - olanzapine 10 mg. one, twice daily - gabapentin 400 mg. one, three times - hydroxyzine hcl 25 mg. one, three times daily - desmopressin acetate 0.2 mg. one, taken at night - trazadone 100 mg. one, taken at night - prescribed on 5-28-21 by her physician: - simvastatin 40 mg, one, taken at night Further review on 10-18-21 at 11:00 am revealed, each medication that was ordered to be given twice daily, three times daily, or at night, already had the afternoon and nighttime doses recorded as given physician's assistant

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL0411101 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE M & S CREEKSIDE 7312 FRIENDSHIP CHURCH ROAD BROWN SUMMIT, NC 27214 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ICOMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY V 118 V118 Continued From page 3 Review on 10-18-21 of client #3 's facility record revealed: - admitted 11-1-11 - 59 years old - diagnosed with: - Moderate Mental Retardation - Convulsive Epilepsy - Bilateral Hearing Loss - Depressive Disorder with Anxiety - Hyperlipidemia prescribed on 4-27-21 by her physician: clorazepate 3.75 mg, one, three times daily prescribed on 4-2-21 by her physician: divalproex sod Dr 250 mg. one, three times daily gabapentin 600 mg. two, three times daily phenytoin sod extended release 100 mg, one three times daily - risperidone 1 mg. one, taken at night Further review on 10-18-21 at 10:20 am revealed. each medication that was ordered to be given twice daily, three times daily, or at night, already had the afternoon and nighttime doses recorded (a) Interview on 10-20-21 with staff #1 revealed: - she worked on 10-18-21 - she mistakenly initialed the MARs to indicate the afternoon and nighttime medications had already been given - "we ' re supposed to document meds (medications) as soon as they 're given" - going forward she would only document the medications immediately after they are administered employees, students or volunteers, shall

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL0411101 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP M & S CREEKSIDE 7312 FRIENDSHIP CHURCH BROWN SUMMIT, NC 27214 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLE PREFIX DATE DEFICIENCY) V118 Continued From page 4 Interview on 10-20-21 with the Qualified Professional/Director revealed: documentation errors on the MARs are noticed, "every once in a while, but not often" - "we are in the process of eventually moving to electronic MARs" staff #1 is a good staff person - "you can ' t rush and cut corners, it leads to mistakes" - "I [already] told her I was going to send her back through med administration training