

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-694 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/16/2021 |
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| NAME OF PROVIDER OR SUPPLIER UNITED RESIDENTIAL SERVICES OF NORTH CAROLINA | STREET ADDRESS, CITY, STATE, ZIP CODE 6503 KEMPER COURT FAYETTEVILLE, NC 28303 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on December 16, 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> <p>The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</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</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>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 keep the MARs current affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Finding #1 Review on 12/16/21 of client #1's record revealed: -32 year old male. -Diagnoses of Asperger's Syndrome and Bipolar Disorder.</p> <p>Review on 12/16/21 of client #1's Physician orders dated 10/06/21 revealed: -Fluticasone Prop 50mcg (milliman clinical guidelines) (allergies) Spray two puffs in each nostril every day. -Hydroxyzine HCL 50mg (milligrams) (anxiety) Take 1 tablet by mouth every night. -Lithium ER 450mg (manic depression) Take 2 tablets by mouth every night. -Melatonin 3mg (sleep) Take 1 tablet by mouth every night. -Quetiapine Fumarate 400mg (antipsychotic) Take 1 tablet by mouth every night.</p> <p>Review on 12/16/21 of client #1's December 2021 MAR revealed the following areas in the MAR with no initials to indicate the medication had</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>been administered: -Fluticasone Prop 50mcg-12/1/21-12/6/21. -Hydroxyzine HCL 50mg-12/11/21. -Lithium ER 450mg-12/11/21. -Melatonin 3mg-12/11/21. -Quetiapine Fumarate 400mg-12/11/21.</p> <p>During interview on 12/16/21 client #1 revealed he received his medication daily.</p> <p>Finding #2 Review on 12/16/21 of client #2's record revealed: -22 year old male. -Diagnoses of Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, combined type, Generalized Anxiety Disorder, Disruptive Mood Disorder, Conduct Disorder and Cerebral Palsy.</p> <p>Review on 12/16/21 of client #2's Physician orders revealed: 03/11/21 -Hydroxyzine HCL 50mg (anxiety) Take 1 tablet by mouth every 6 hours as needed for anxiety and take 2 tablets at bedtime. -Celecoxib 100mg (pain) Take 1 capsule by mouth every 12 hours for right foot pain. -Gabapentin 300mg (seizures) Take 2 capsules by mouth 3 times daily. -Metformin HCL ER 500mg (diabetes) Take 2 tablets by mouth every day with supper. 09/12/21 -Docusate Sodium 100mg (constipation) Take 1 capsule by mouth twice daily. 07/28/21 -Olanzapine 10mg (antipsychotic) Take 1 tablet by mouth at bedtime. -Lorazepam 0.5mg (anxiety) Take 1 tablet by mouth twice daily.</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>12/03/21 -Oxcarbazepine 600mg (seizures) Take 1 1/2 tablets by mouth twice daily.</p> <p>Review on 12/16/21 of client #2's December 2021 MAR revealed the following areas in the MAR with no initials to indicate the medication had been administered: -Hydroxyzine HCL 50mg-12/09/21-12/11/21. -Celexoxib 100mg-12/09/21-12/12/21 at 7pm. -Docusate Sodium 100mg-12/09/21-12/11/21 at 7pm. -Gabapentin 300mg-12/09/21-12/11/21 at 2pm and 7pm. -Metformin HCL ER 500mg-12/09/21-12/11/21 at 7pm, 12/13/21 at 7pm, 12/15/21 at 7pm. -Olanzapine 10mg-12/09/21-12/11/21 at 7pm, 12/13/21 at 7pm, 12/15/21 at 7pm. -Lorazepam 0.5mg-12/09/21-12/11/21 at 7pm. -Oxcarbazepine 600mg-12/09/21-12/11/21 at 7pm.</p> <p>During interview on 12/16/21 client #2 revealed he received his medication daily.</p> <p>Finding #3 Review on 12/16/21 of client #3's record revealed: -28 year old male. -Diagnoses of Moderate Intellectual Developmental Disability, Hypertension and Diabetes.</p> <p>Review on 12/16/21 of client #3's Physician orders dated 10/07/21 revealed: -Docusate Sodium 100mg (constipation) Take 1 capsule by mouth twice daily. -Metformin HCL 1000mg (diabetes) Take 1 tablet by mouth twice a day. -Risperidone 3mg (antipsychotic) Take 1 tablet by</p> | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>mouth at bedtime. -Buspirone HCL 7.5mg (anxiety) Take 1 tablet by mouth twice daily.</p> <p>Review on 12/16/21 of client #3's December 2021 MAR revealed the following areas in the MAR with no initials to indicate the medication had been administered: -Docusate Sodium 100mg-12/11/21 at 7pm. -Metformin HCL 1000mg-12/11/21. -Risperidone 3mg-12/11/21 at 7pm. -Buspirone HCL 7.5mg-12/11/21.</p> <p>During interview on 12/16/21 client #3 revealed he received his medication daily.</p> <p>During interview on 12/16/21 the House Manager revealed: -She and the Service Coordinator reviewed the MAR's on a regular basis. -She would ensure the staff are trained and complete the MAR's.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118 | | |