

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2022
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NAME OF PROVIDER OR SUPPLIER TRINITY COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 225 KIMBERLY ANN DRIVE HENDERSONVILLE, NC 28792
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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>An annual survey was completed on January 6, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups.</p> <p>The survey sample consisted of audit of one current client.</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 review and interviews, the facility failed to follow the written orders of a physician and keep the MARs current for 1 of 1 audited client (#1). The findings are:</p> <p>Review on 1/5/22 for Client #1's record revealed: Admit date: 03/01/2020; Diagnoses: Bipolar Disorder (D/O), Schizophrenia, Overactive Bladder, History of falling, Cerebral Palsy, Constipation Unspecified, Gastroesophageal Reflux Disease (GERD) without Esophagitis, Urinary Tract Infection, site not specified, Severe Intellectual Disability (IDD), Dysphagia, Unspecified, Pica of infancy and childhood, Anxiety D/O Unspecified, and Osteoporosis.</p> <p>Review on 1/5/22 of physician orders for Client #1 dated 11/9/21 revealed: -Trazadone 50 milligrams (mg), take one by mouth (PO), at bedtime (QHS), (sleep) written 11/9/21; -Vraylar 1.5mg, take one PO QHS; (Bipolar/Depression), discontinue Vraylar 3mg, PO, QHS written 11/9/21; -discontinue Buspirone 10mg, take one PO QHS, (Anxiety) written 11/9/21.</p> <p>Review on 1/5/22 of additional physician orders</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>for Client #1 revealed:</p> <ul style="list-style-type: none"> -Meloxicam, 7.5milligrams (mg), take one by mouth (PO), every day (QD); (inflammation); written 8/27/20; -Nitrofurantoin MCF 50 mg, take one PO, QD; (Urinary Tract Infection) written 11/9/20; -Osteo Bi Flex, take one tablet PO, QD (Osteoporosis) written 6/8/21; <p>Review on 1/5/22 and 1/6/22 of MARs for Client #1 dated November 2021 to January 2022 revealed:</p> <ul style="list-style-type: none"> -blanks on the MARs for November 30, 2021 for the following medications: Meloxicam 7.5 mg, Nitrofurantoin MCF 50mg, Osteo Bi-Flex tablet, Trazadone 50 mg, and Vraylar 3mg; -Vraylar 3mg, PO QHS was listed as administered through December 2021 on the MAR; -Buspirone 10mg was continued to be administered from 11/9/21-11/15/21 as a half dose despite being ordered to discontinue on 11/9/21; <p>Interview on 1/5/22 and 1/6/22 with Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> -she had been the Qualified Professional for the AFL for approximately two days; -she had been working on reviewing the file; -she couldn't speak to the medication issue. <p>Interview on 1/5/22 with Qualified Professional #2 (QP #2) revealed:</p> <ul style="list-style-type: none"> -she didn't see any incident reports for AFL in the system; -she couldn't speak to the medication errors. <p>Attempted interview on 1/5/22 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Client #1 presented non-verbal in 	V 118		

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V 118	<p>Continued From page 3</p> <p>communication.</p> <p>Interview on 1/5/22 with AFL Provider #1 revealed: -she called the pharmacy about the Vraylar order; -the prescribing provider was difficult to get in touch with; -she reported she spoke with a nurse who was going to confirm with the provider that it was ok to decrease the Buspar by half for a week before discontinuing the medication; -she thought that it had been fixed and had gotten new orders; -she transferred to a new pharmacy in January 2022.</p> <p>Interview on 1/6/22 with Owner/Licensee revealed: -there was a new Qualified Professional assigned to the AFL; -she was unaware that the AFL had switched pharmacies; -she was hiring staff that worked at a local hospital to review medications monthly and will address.</p> <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>	V 118		