

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER OAK HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE LENOIR, NC 28645		
(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 114	Continued From page 1 Review on 1/4/22 of the facility's fire drill logs from January 2021 to December 2021 revealed: -3rd Quarter (July - September) - no 3rd shift fire drill. Review on 1/4/22 of the facility's disaster drill logs from January 2021 to December 2021 revealed: -1st Quarter (January - March) - no 1st and 3rd shift disaster drills. -2nd Quarter (April - June) - no 2nd and 3rd shift disaster drills. -3rd Quarter - no 1st and 2nd shift disaster drills. -4th Quarter (October - December) - no 2nd and 3rd shift disaster drills. Interview on 1/4/22 and 1/7/22 with the Qualified Professional/Residential Director revealed: -There were 3 shifts Monday - Friday; on Weekends 2-24 hour shifts. -He understood the rule to be one disaster drill per quarter. -He would ensure the disaster drills were done each quarter for each shift.	V 114		
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,	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER OAK HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE LENOIR, NC 28645			
(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 118	<p>Continued From page 2</p> <p>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:</p> <p>(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.</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure prescription and non-prescription drugs were administered on the written order of a person authorized by law to prescribe drugs and that MARs were kept current affecting 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Review on 1/4/22 of Client #1's record revealed: -Admission date 9/15/21. -Diagnosis of Adjustment Disorder with mixed disturb of emotions and conduct.</p> <p>Observation on 1/4/22 at 2:06 p.m. of Client #1's medications revealed:</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER OAK HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE LENOIR, NC 28645		
(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 118	<p>Continued From page 3</p> <p>-Sertraline HCl (Zoloft) 100 milligrams (mg) - 1 tablet every day - dispensed 12/23/21. -Sumatriptan Nasal Spray 5 mg - 1 spray in each nostril as needed (PRN) - dispensed 12/8/21. -Seroquel 25 mg - was not observed.</p> <p>Review on 1/4/22 of Client #1's MARs for October 2021 to present date revealed: -Sertraline HCl (Zoloft) 100 mg - 1 tablet every day - was initialed as starting 10/4/21. -Zoloft 50 mg - 1 tablet every day - was initialed as starting 11/1/21 and given through 1/4/22. -Zoloft 100 mg was not listed on November, December or January MARs. -Sumatriptan Nasal Spray 5 mg - 1 spray in each nostril PRN - was not listed on October and November. -Seroquel 25 mg - 1 tablet at bedtime PRN was not listed on November, December and January MARs.</p> <p>Review on 1/4/22 of Client #1's "Medical Appointment Information Record" revealed: -10/23/21 - (signed same date)- Sertraline HCl (Zoloft) 100 mg - 1 tablet every day; Seroquel 25 mg - 1 tablet at bedtime PRN; Sumatriptan Nasal Spray 5 mg - 1 spray in each nostril PRN was not listed. -10/23/21 (second sheet - same date) signed 11/11/21 - Zoloft 50 mg - 1 tablet every day; Seroquel was same as above; Sumatriptan Nasal Spray 5 mg - PRN was not listed. -11/6/21 (signed same date) - "Sertraline 50 mg (Zoloft 100 mg)" - 1 tablet every day; Seroquel was same as above, Sumatriptan Nasal Spray - 5 mg - PRN was not listed.</p> <p>Review on 1/4/22 of Client #3's record revealed: -Admission date 3/31/20. -Diagnoses of Autism Spectrum Disorder,</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER OAK HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE LENOIR, NC 28645		
(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 118	<p>Continued From page 4</p> <p>Post-Traumatic Stress Disorder, and Circadian Rhythm Sleep Disorder.</p> <p>Observation on 1/4/22 at 1:58 p.m. of Client #3's medications revealed: -Seroquel 25 mg - 1 tablet at bedtime - dispensed 12/15/21.</p> <p>Review on 1/4/22 of Client #3's MARs from October 2021 to present date revealed: -Seroquel 25 mg - 1 table at bedtime - was not listed on November, December and January MARs.</p> <p>Interview on 1/4/22 with the Qualified Professional/Residential Director revealed: -The staff completed the top portion of the Medical Appointment Information Record to include client's name, date of birth, diagnoses and current medications. -Staff also wrote the medications the client's took on the MARs each month. -It depended on who took the client to the doctor and who was working at the end of the month which staff completed these documents. -He believed the confusion was due to typos on the Medical Appointment sheet and the MARs. -All of the medications - a.m. and p.m.- were dispensed in the same bubble pack from the pharmacy. -It was believed Client #1 was receiving 100 mg of Zoloff as this was how it was dispensed from the pharmacy. -Client #1's Seroquel 25 mg was discontinued; he could not find the discontinue order. -This had been a problem getting actual prescriptions from the doctor and the pharmacy; He had repeatedly asked for these. -Client #1 continued to receive Sumatriptan Nasal Spray PRN - staff forgot to write it on the MAR.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER OAK HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE LENOIR, NC 28645			
(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 118	Continued From page 5 -Client #3 received his Seroquel as ordered as it was included in the bubble pack with all his p.m. medications. -It was overlooked as to not being re-written on the MARs. -He would contact the pharmacy and ask if they would print monthly MARs for each client to assist in documentation errors.	V 118	All current and new staff will be retrained in medication administration the training will be based on all staff passing a written and visual test prior to being recertified. All current and new MAR will be preprinted from the pharmacy monthly prior to the beginning of the month. the house manager will review the MAR with the bubble packs of medications and the prescription to ensure they all has the same information. In the event any med changes the House manager will add the new meds to the current MAR, the assist house manager will review and ensure the changes were made correctly. There will be a sign off sheet for reviewing the MAR and any new changes .	3-1-2022	