

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL019-028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHATHAM COUNTY GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>813 TANGLEWOOD DRIVE SILER CITY, NC 27344</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 17, 2022. 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>The survey was consisted of audits of 3 current clients.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p><b>10A NCAC 27G .0206 CLIENT RECORDS</b></p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> <li>(A) name (last, first, middle, maiden);</li> <li>(B) client record number;</li> <li>(C) date of birth;</li> <li>(D) race, gender and marital status;</li> <li>(E) admission date;</li> <li>(F) discharge date;</li> </ul> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p>	V 113		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 113	<p>Continued From page 1</p> <p>(8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure records were complete for one of three audited clients (#2). The findings are:</p> <p>Review on 2/17/22 of client #2's record revealed: -Admission date of 12/16/21. -Diagnoses of Schizoaffective Disorder; Mild Intellectual Disability; Cerebral palsy; Hypertension; Deaf Mute. Allergies. -No documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</p> <p>Interview on 2/17/22 with the Case Manager revealed: -She had requested paperwork from Client #2's legal guardian a months ago, but had received them. Several emails had been sent to him.</p>	V 113		

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V 113	Continued From page 2  -She was responsible for obtaining a signed statement from client #2's legal guardians to seek emergency care. -She confirmed that there was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician in client #2's file.	V 113		
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 checks shall be recorded and kept with the MAR	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure medications were available for administration affecting one of three clients (#1.) The findings are:</p> <p>Review on 2/17/22 of client #1's record revealed: -Admission date of 2/15/20. -Diagnoses of Intellectual Developmental Disability; Seizure Disorder; Obesity; Congenital Brain Abnormality; Benign Prostatic Hyperplasia; Hypoglycemia; Constipation; Early Dementia.</p> <p>Review on 2/17/22 of Client #1's physicians orders revealed: -Orders dated 1/21/22: -Docusate Calcium 240 mg- Take 1 tablet a day as needed (PRN) for constipation. -Polyethylene Glycol- Mix 1 capful (17 gm) in 8 ounces of liquid and drink once a day PRN.</p> <p>Observation on 2/17/22 at 2:46 pm of Client #1's medications revealed: -Docusate Calcium 240 mg was not available. -Polyethylene Glycol bottle had expired in 2021. No new bottle was available.</p> <p>Review on 2/17/22 of Client #1's MARs for December 2021 through February 2022 revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Docusate Calcium 240 mg- Was not administered in the last three months.</li> <li>-Polyethylene Glycol was not administered in the last three months.</li> </ul> <p>Interview on 2/17/22 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for making sure client's medications were updated and available.</li> <li>-Client #1 had not had a need to take his Docusate Calcium and/or Polyethylene in a long time.</li> <li>-She was not aware that Client #1's Docusate Sodium was not available at the house and that his Polyethylene Glycol had expired.</li> <li>-If any of the clients ever needed any medications, but there were none at the house, she would go and get them at the pharmacy.</li> <li>-She acknowledged that Client #1's Docusate Calcium and Polyethylene Glycol were not available for administration.</li> </ul> <p>Interview on 2/17/22 with the Case Manager revealed:</p> <ul style="list-style-type: none"> <li>-Staff at the home were responsible for making sure client's medications were available.</li> <li>-She was unaware that some of Client #1's PRN medications were not at the house.</li> <li>-She confirmed the facility failed to ensure medications were available for administration.</li> </ul>	V 118		