

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL0601257</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>02/23/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HINDS' FEET FARM-PUDDIN'S PLACE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14645 BLACK FARMS ROAD</b><br><b>HUNTERSVILLE, NC 28078</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on 2/23/22. Deficiencies were cited.</p> <p>The survey sample consisted of audits of 3 current clients</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>  | V 000         |   |                    |
| V 118              | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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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| Division of Health Service Regulation<br>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:<br/>Based on records review, observations and interviews, the facility failed to ensure medications were administered to a client on the written order of a person authorized by law to prescribe drugs and a MAR of all drugs administered to each client was kept current affecting 2 of 3 clients(#1, #2). The findings are:</p> <p>Finding #1:<br/>Review on 2/22/22 and 2/23/22 of client #1's record revealed:<br/>-admission date of 7/1/13;<br/>-diagnoses of Traumatic Brain Injury(TBI), Diabetes Type II, Hypertension(HTN) and Thrombocytopenia;<br/>-physician's order dated 12/6/21 for Naltrexone 50mg(milligrams) two tablets daily;<br/>-pharmacy label printout dated 4/7/21 for Ibuprofen 800mg one tablet three times daily prn (as needed);<br/>-discharge summary from a local hospital dated 4/5/21 listed ondansetron HCL 4mg one daily prn.</p> <p>Observation on 2/22/22 at 2:22pm of client #1's medications revealed:<br/>-Naltrexone 50mg(milligrams) two tablets daily not on site;<br/>-Ibuprofen 800mg one tablet three times daily prn dispensed 5/4/21;</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 2</p> <p>-ondansetron HCL 4mg one daily prn not on site.</p> <p>Review on 2/22/22 of client #1's MARs from 12/1/21-2/2/22 revealed:</p> <p>-Naltrexone 50mg(milligrams) two tablets daily documented as administered from 12/8/21-2/22/22;</p> <p>-Ibuprofen 800mg one tablet three times daily prn documented as administered on 12/2, 12/4, 12/10 and 1/20;</p> <p>-ondansetron HCL 4mg one daily prn not documented as administered from 12/1/21-2/22/22;</p> <p>Further review on 2/22/22 and 2/23/22 of client #1's record revealed no discontinue orders were in the record for the medications Naltrexone and ondansetron present in the record.</p> <p>Interview on 2/22/22 with staff #1 revealed:</p> <p>-was informed this medication was supposed to be discontinued by her supervisor, the Residential Coordinator/Qualified Professional(RC/QP);</p> <p>-she put a note in "QuickMAR" to indicate medication was not on site this morning and Naltrexone was discontinued.</p> <p>Review on 2/23/22 of documentation completed by the RC/QP revealed:</p> <p>-"[Client #1's initials]-ondansetron 4mg prn (Order written by [physician], I have called and faxed for a DC(discontinue) to be sent to [pharmacy];</p> <p>-"[Client #1's initials]-Naltrexone 50mg([pharmacy] requested refill on 2/21 and I also requested refill, I was later told guardian and [physician] were discussing taking her off. Spoke with [guardian] yesterday in which she stated to not request refill and request DC. DC requested.)"</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 3</p> <p>Interview on 2/23/22 with the RC/QP revealed:<br/>-ran out on Monday of Naltrexone for client #1;<br/>-last pill administered on Monday 2/21/22;<br/>-client #1 having a lot of verbal outbursts;<br/>-think may be related to this new medication.</p> <p>Review on 2/23/22 of a fax sent to the local pharmacy on 2/23/22 by the RC/QP revealed:<br/>-"Please send order to D/C ondansetron HCL 4mg...it seems as order expired 2019 but is still showing up on our MAR."</p> <p>Finding #2<br/>Review on 2/22/22 of client #2's record revealed:<br/>-admission date of 4/18/17;<br/>-diagnoses of TBI, Dementia, Post Traumatic Stress Disorder(PTSD), GERD, constipation, Hyperlipidemia and Diabetes Type II.</p> <p>Review on 2/22/22 of client #2's MARS from 12/1/21-2/2/22 revealed anti-embolism ted hose documented as put on in the mornings and removed in the evenings for dated of 12/1/21-2/2/22.</p> <p>Further review on 2/22/22 and 2/23/22 of client #1's record revealed no physician's order for anti-embolism ted hose put on in the mornings and removed in the evenings.</p> | V 118         |   |                    |
| V 119              | <p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(d) Medication disposal:<br/>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.<br/>(2) Non-controlled substances shall be disposed</p>   | V 119         |   |                    |

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| V 119              | <p>Continued From page 4</p> <p>of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by:<br/>Based on records review, observations and interviews, the facility failed to ensure medication was disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 3 clients(#1). The findings are:</p> <p>Review on 2/22/22 and 2/23/22 of client #1's record revealed:<br/>-admission date of 7/1/13;<br/>-diagnoses of Traumatic Brain Injury(TBI), Diabetes Type II, Hypertension(HTN) and Thrombocytopenia;<br/>-physicians' orders dated 6/27/20 for the following</p> | V 119         |   |                    |

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| V 119              | <p>Continued From page 5</p> <p>medications: Dayquil Severe Cold 30ml(milliliters) every 4 hours prn(as needed), Nyquil Severe Cold 30ml every 4 hours prn and ProAir HFA 180mcg(microgram) inhaler 2 puffs every 4 hours prn.</p> <p>Observation on 2/22/22 at 2:22pm of client #1's medications revealed:<br/>-Dayquil Severe Cold 30ml every 4 hours prn over the counter(OTC) expired 9/2021;<br/>-Nyquil Severe Cold 30ml every 4 hours prn OTC expired 9/2021;<br/>-ProAir HFA 180mcg inhaler 2 puffs every 4 hours prn dispensed 6/28/20 with an expiration dated of 1/2022.</p> <p>Review on 2/22/22 of client #1's MARs revealed the following medications were not documented as administered from 12/2/21-2/22/22: Dayquil Severe Cold 30ml every 4 hours prn, Nyquil Severe Cold 30ml every 4 hours prn and ProAir HFA 180mcg inhaler 2 puffs every 4 hours prn.</p> <p>Interview on 2/22/22 with the Residential Coordinator/Qualified Professional revealed he was not aware the medications were expired.</p> | V 119         |   |                    |