

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>02/23/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>HINDS' FEET FARM-PUDDIN'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14645 BLACK FARMS ROAD HUNTERSVILLE, NC 28078</b>
--	---

(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	INITIAL COMMENTS  An annual and follow-up survey was completed on 2/23/22. Deficiencies were cited.  The survey sample consisted of audits of 3 current clients  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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	V 118		

**RECEIVED**  
**MAR 11 2022**  
**DHSR-MH Licensure Sect**

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

*ASMAN* 3/7/22

## Appendix 1-B: Plan of Correction Form

### Plan of Correction

<p><b>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</b>                  Mental Health Licensure and Certification Section                  NC Division of Health Service Regulation                  2718 Mail Service Center                  Raleigh NC 27699-2718</p>	<p><b>In lieu of mailing the form, you may e-mail the completed electronic form to:</b></p>
---	---

<b>Provider Name:</b>	Hinds' Feet Farm	<b>Phone:</b>	704-992-1424
<b>Provider Contact Person for follow-up:</b>	Alison Spasoff Director of Member Services	<b>Fax:</b>	704-992-1423
		<b>Email:</b>	aspasoff@hindsfeetfarm.org
<b>Address:</b>	PO BOX 2842 Huntersville, NC 28070		
	<b>Provider # 1639507676</b>		

Finding	Corrective Action Steps	Responsible Party	Time Line
<p><b>V118</b>                      27G .0209 (C) Medication Requirements                      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)</p>	<p>Identify what measures HFF will put in place 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.</p> <ul style="list-style-type: none"> <li>• <b>See appendix A:</b> Implementation of new internal medication audit form containing verification of written physician order per medication is present and current (#1).</li> <li>• Internal Audit form will be completed monthly by a RN or Residential Coordinator and reviewed with the Director of Member Services at the standing Monday staff meeting following completion date.</li> </ul>	<p>Registered Nurse, Residential Coordinator, Director of Member Services</p>	<p>Implementation Date: 4/4/22</p> <hr/> <p>Projected Completion Date: ongoing</p>
<p><b>V119</b>                      27G .0209 (D) Medication Requirements                      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).</p>	<p>Identify what measures HFF will put in place to ensure medication is disposed of in a manner that guards against diversion or accidental ingestion.</p> <ul style="list-style-type: none"> <li>• <b>See appendix A:</b> Implementation of new internal medication audit form containing verification of written physician order per medication is present and current (#5).</li> <li>• Internal Audit form will be completed monthly by a RN or Residential Coordinator and reviewed with the Director of Member Services at the standing Monday staff meeting following completion date.</li> </ul>	<p>Registered Nurse, Residential Coordinator, Director of Member Services</p>	<p>Implementation Date: 4/4/22</p> <hr/> <p>Projected Completion Date: ongoing</p>

# Appendix A

# HFF Internal Medication Audit Form

Month \_\_\_\_\_ Year \_\_\_\_\_

Items to be audited: *Print out current month's MAR per resident	PP		Residents			HC		
	RK	TS	ML	BC	MI	KS	DK	
1. Is a current written physician order present for each medication listed on MAR (including PRN, OTC or topical meds)?								
2. Are any of the medications low on refills? If yes initiate refill request through pharmacy <b>OR</b> new order from physician, whichever applicable.								
3. Are there any medications on MAR that we are awaiting d/c physician order for?								
4. Are there any medications on hand that need to be returned to pharmacy because the resident is no longer taking?								
5. Are there any medications that have reached their manufacturers expiration date? If yes dispose of properly with witness								
6. Are OTC medications labeled clearly for specific resident?								

\_\_\_\_\_  
Signature of RN or Residential Coordinator

\_\_\_\_\_  
Date audit completed



... a place to grow ...

helping survivors of brain injury through unique programs, education, outreach and advocacy.

March 9, 2022

Ms. McLain:

Please see Hinds' Feet Farm's enclosed Plan of Correction document in response to your survey conducted in February 2022.

Should you require anything in addition from Hinds' Feet Farm, please don't hesitate to let us know.

Sincerely,

Alison Spasoff  
Director of Member Services  
Hinds' Feet Farm

RECEIVED

MAR 11 2022

DHSR-MH Licensure Sect