

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-254	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2022
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NAME OF PROVIDER OR SUPPLIER ADRIENNE BIGELOW AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 2539 HYDE STREET BURLINGTON, NC 27217
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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 3/11/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed 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.</p> <p>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</p>	V 119		

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

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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of one client. The findings are:</p> <p>Review on 3/11/22 of client #1's record revealed: -Admission date of 9/21/18. -Diagnoses of Severe Intellectual and Developmental Disability, Epilepsy, Hydrocephalus, Spastic Hemiplegia Cerebral Palsy, Asthma and Allergic Rhinitis.</p> <p>Review on 3/11/22 of physician's orders for client #1 revealed: -Order dated 2/5/21 for Silace Liquid 10 milligrams (mg)/milliliters (ml), 6 mls once daily as needed; Ibuprofen Suspension 100/5 ml, take 20 ml every eight hours as needed.</p> <p>Observation on 3/11/22 at approximately 1:36 pm of the medication area revealed: -The Silace Liquid 10 mg/ml and Ibuprofen Suspension 100 mg/5 ml both expired on 2/4/22.</p> <p>Review on 3/11/22 of the Medication Administration Record (MAR) for client #1 revealed: -February 2022-Client #1 was administered the Silace Liquid 10 mg/ml 2/6 thru 2/9.</p> <p>Interview on 3/11/22 with the Alternative Family</p>	V 119		

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V 119	Continued From page 2 Living Provider revealed: -She did not realize the Silace and Ibuprofen medications expired for client #1. -Client #1 did not take those medications very often. She did not check the expiration dates prior to administering those medications to client #1. -She confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.	V 119		