

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2022
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NAME OF PROVIDER OR SUPPLIER THOMAS SUPERVISED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7016 BEAVERWOOD DRIVE RALEIGH, NC 27616
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 3/31/22. 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>This facility is licensed for five licensed beds and currently has a census of five. The survey sample consisted of audits of three current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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</p>	V 118		

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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>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 record review, observation and interview, the facility failed to ensure 3 of 3 audited client's (#1, #2, #3) medications were administered on the written order of a physician and the MAR was kept current. The findings are:</p> <p>A. Review on 3/29/22 of client #1's record revealed: -Date of admission: 4/28/14 -Diagnoses of: Moderate Mental Retardation and Schizophrenia -Physician's order dated: 3/8/21 - Ibuprofen 600 milligram (mg), take 1 tablet three times a day as needed (pain or fever) -Naltrexone 50 mg, twice a day (prevent alcohol abuse) -Olanzapine 10 mg, one at bedtime (Antipsychotic) -Linzess 145 mg, one at bedtime (Irritable Bowel Syndrome)</p> <p>-Review on 3/29/22 of client #1's January, February and March 2022 MAR revealed the following: -not initialed for Olanzapine 10 mg on 2/12/22 and 2/13/22 -not initialed for Naltrexone 50 mg on 2/12/22 PM</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-not initialed for Linzess 145 mg on 1/8/22, 1/9/22 and 1/23/22</p> <p>Review on 3/29/22 of client #2's record revealed: -Date of Admission: 6/25/19 -Diagnoses of: Mild Mental Retardation and Schizoaffective Disorder -Physician's order dated 12/22/21 -Certrizine HCL 10 mg, one time a day (Allergy) -Flucatisone 50mg, one spray in each nostril once a day (Allergy) -Docusate Sodium 100 mg, one time a day (constipation)</p> <p>Review on 3/29/22 of client #2's January, February and March 2022 MAR revealed; -not initialed for Certrizine HCL 10 mg on 3/12/22, 3/13/22, 3/21/22, 3/22/22, 3/23/22, 3/24/22 and only initialed once in the month of February 2022 on 2/26/22. -not initialed for Flucatisone 50 mg on 2/5/22 and 2/6/22 -not initialed for Docusate Sodium 100 mg on 1/22/22 and 1/23/22</p> <p>Review on 3/29/22 of client #3's record revealed: -Date of Admission: 5/13/20 -Diagnoses of: Seizure Disorder, Moderate Intellectual Disability and Epilepsy -Physician's order dated 1/26/22 -Restasis Eye Emulsion, twice a day (Dry eye) -Latuda 40 mg, one time a day (Antipsychotic)</p> <p>Review on 3/29/22 of client #3's January, February and March 2022 MAR revealed: -not initialed for Restasis Eye Emulsion on 3/2/22,</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>3/7/22, 3/14/22, 3/15/22, 3/20/22, 3/24/22 AM, 3/5/22, 3/6/22, 3/19/22, 3/20/22, 2/2/22, 2/10/22, 2/11/22, 2/16/22, 2/17/22, 2/18/22, 2/23/22, 2/24/22 2/26/22, 2/27/22-AM...2/6/22, 2/16/22, 2/17/22, 2/22/22-2/28/22</p> <p>-not initialed for Latuda 40 mg on 2/1/22, 2/6/22, 2/17/22 and 2/20/22</p> <p>B. Review on 2-23-22 of client #1's March 2022 MAR's revealed: -Ibuprofen 600 milligram (mg), take 1 tablet three times a day as needed (pain or fever) -Ibuprofen 600 mg administered to client five times in March 2022.</p> <p>Observation on 3/29/22 at 11:30 am of client #1's Ibuprofen pill pack revealed: -Dispensed date: 12/12/19 -Expiration date: 12/9/20</p> <p>Interview on 3/29/22 The licensee stated: -He usually checked each client's MAR monthly. -Had found some blocks on the MAR not initialed and left notes for that staff. -He checked the medications, but had not noticed the Ibuprofen was expired. -They have an overflow of medications and that one should have been replaced with the new pack. -Will train staff immediately only making sure the medications are not expired. -Retrieved bubble packs for Ibuprofen from the stock medications. -Will inservice the staff again on medication administration.</p>	V 118		
V 119	27G .0209 (D) Medication Requirements	V 119		

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V 119	<p>Continued From page 4</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. 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: 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 1 of 3 audited clients (#1). The findings are:</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>Review on 3/29/22 of client #1's record revealed: -Date of admission: 4/28/14 -Diagnoses of: Moderate Mental Retardation and Schizophrenia -Physician's order dated: 3/8/21 - Ibuprofen 600 milligram (mg), take 1 tablet three times a day as needed (pain or fever)</p> <p>Observation on 3/29/22 at 11:30 am of client #1's Ibuprofen pill pack revealed: -Dispensed date: 12/12/19 -Expiration date: 12/9/20</p> <p>Refer To v118 for further details regarding this expired Ibuprofen -client #1 was administered expired Ibuprofen</p>	V 119		