

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/05/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEVIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>304 SOUTH PINEVIEW AVENUE GOLDSBORO, NC 27530</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 and follow up survey was completed on April 5, 2022. A deficiency was 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 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</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>	V 118		

Division of Health Service Regulation 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>(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 reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (#3 and #4). The findings are:</p> <p>Finding 1 Review on 04/05/22 of client #3's record revealed: -68 year old male. -Admission date of 08/26/13. -Diagnoses of Traumatic Brain Injury, Hepatitis C, Diabetes, Kersa Koffs Syndrome, and Insomnia.</p> <p>Review on 04/05/22 of client #3's Physician orders dated 02/10/22 revealed: -Carvedilol 3. 125mg (Hypertension) One by mouth two times a day. -Sodium Fluoride Enamel Protection(Protect Teeth)-Brush for 2 minutes then spit out. Use this as night toothpaste. -Metformin HCL 750mg (Diabetes) Take one by mouth twice daily with food.</p> <p>Review on 04/05/22 of client #3's January-March 2022 MARs revealed the following blanks: -Carvedilol 3.125mg-01/01/22-01/20/22 at 8:00am and 8:00pm, 02/14/22, 02/15/22,</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>02/20/22, 02/23/22, 02/24/22 at 8:00pm, 03/06/22 and 03/15/22 at 8:00pm.</p> <p>-Sodium Fluoride Enamel Protection-01/06/22, 02/14/22, 02/15/22, 02/20/22, 02/23/22, 02/24/22, 03/6/22, 03/15/22.</p> <p>-Metformin HCL 750mg-02/15/22 and 02/24/22 at 5:00pm.</p> <p>Review on 04/05/22 of client #3's January-March 2022 MARs revealed the following medication was not available to administer: -Metformin HCL 750mg-02/24/22.</p> <p>During interview on 04/05/22 client #3 revealed: -He received his medication daily.</p> <p>Finding #2 Review on 04/05/22 of client #4's record revealed: -53 year old male. -Admission date of 04/03/13. -Diagnoses of Traumatic Brain Injury.</p> <p>Review on 04/05/22 of client #4's Physician orders dated 02/10/22 revealed: -Amantadine HCL 100mg (Parkinson's Disease) One by mouth daily. -Sertraline HCL 100mg (Depression) One by mouth every morning. -Carbamazepine 200mg (Anticonvulsant) One by mouth twice daily. -Pravastatin Sodium 40mg (Cholesterol) One by mouth every night at bedtime. -Donepezil HCL 10mg (Alzheimer's Disease) Two by mouth at bedtime.</p> <p>Review on 04/05/22 of client #4's January-March 2022 MARs revealed the following medication was not available to administer: -Amantadine HCL 100mg- 01/01/22, 01/02/22,</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>01/03/22. -Sertraline HCL 100mg-01/01/22-01/13/22. -Carbamazepine 200mg-01/04/22, 03/09/22-03/14/22. -Pravastatin Sodium 40mg-02/4/22-02/07/22. -Donepezil HCL 10mg-03/20/22-03/22/22.</p> <p>During interview on 04/05/22 the House Lead revealed: -When the medication is getting low the staff will contact the medical specialist that handles the medications for each facility.</p> <p>During interview on 04/05/22 the medical specialist revealed: -The staff sends request for refills for the facility -She was aware that medication was not able to be administered due to not being available.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		