

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RISING SUN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>944 NC HWY 141 MURPHY, NC 28906</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>INITIAL COMMENTS</p> <p>An annual survey was completed on 5/4/22. No 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>The survey sample consisted of audits of 1 current client.</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 drug.</p> <p>(5) Client requests for medication changes or</p>	V 118	<p>V118 - Plan of Correction Provider 1 and 2 will attend Medication Administration Training for Non-Licensed Staff Nurse and QP will review medications and MAR's 1 time each unannounced per month and document findings.</p> <p>Joyce Lynn Hyde BSQP</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Joyce Lynn Hyde*

TITLE

*BSQP*

(X6) DATE

*5-13-2022*

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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: Based on interview and record review, the facility failed to keep the Medication Administration Records (MARs) of all drugs administered current for 1 of 1 audited client (Client #1). The findings are:</p> <p>Review on 5/3/22 of Client #1's record revealed: -Admitted 5/4/03. -Diagnoses of Constipation, Mood Disturbance; Oppositional Defiant Disorder, Hypo-Osmolality, Hyponatremia, Nonrheumatic Mitral Valve Disorder, unspecified, Hypothyroidism, Convulsions, Unspecified Behavior Syndrome associated with Psychological Disturbances and Physical Factors, Agitation, Anxiety, other Depression, Microdeletion Syndrome, Bipolar Affective Disorder, current episode mixed, and Severe Intellectual Developmental Disability.</p> <p>Review on 5/3/22 of Client #1's physician orders revealed: -3/10/22 - Levothyroxine 100 micrograms (mcg) - 1 tablet in a.m. -12/9/21 - Quetiapine Fumarate 50 milligrams (mg) - 1 tablet 2x day. -12/9/21 - Quetiapine Fumarate 200 mg - 1 tablet in a.m., 1 tablet at 1:00 p.m., 1.5 mg at bedtime. -12/9/21 - Linzess 145 mcg - 1 capsule 30 minutes before 1st meal.</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-12/9/21 - Gabapentin 100 mg - 1 capsule 3x day.</li> <li>-12/9/21 - Gabapentin 300 mg - 1 capsule in a.m., 2 capsules in afternoon, 1 capsule at bedtime.</li> <li>-3/10/22 - Omeprazole 40 mg - 1 capsule 30 minute before meal.</li> <li>-12/9/21 - Divalproex Sodium Dr 250 mg - 2 tablets in a.m., 1 tablet in p.m., 2 tablets at bedtime.</li> <li>-12/9/21 - Clonazepam 0.5 mg - 1 tablet 2x day.</li> <li>-12/9/21 - Melatonin 3 mg - 2 tablets at bedtime if needed for sleep.</li> </ul> <p>Review on 5/3/22 of Client #1's MARs from February 2022 to 5/3/22 revealed:</p> <ul style="list-style-type: none"> <li>-Levothyroxine 100 mcg - 1 tablet in a.m.</li> <li>-Quetiapine Fumarate 50 mg - 1 tablet 2x day.</li> <li>-Quetiapine Fumarate 200 mg - 1 tablet in a.m., 1 tablet at 1:00 p.m., 1.5 mg at bedtime.</li> <li>-Linzess 145 mcg - 1 capsule 30 minutes before 1st meal.</li> <li>-Gabapentin 100 mg - 1 capsule 3x day.</li> <li>- Gabapentin 300 mg - 1 capsule in a.m., 2 capsules in afternoon, 1 capsule at bedtime.</li> <li>-Omeprazole 40 mg - 1 capsule 30 minute before meal.</li> <li>-Divalproex Sodium Dr 250 mg - 2 tablets in a.m., 1 tablet in p.m., 2 tablets at bedtime.</li> <li>-Clonazepam 0.5 mg - 1 tablet 2x day.</li> <li>-Melatonin 3 mg - 2 tablets at bedtime if needed for sleep.</li> <li>-April was initialed to indicate the above medications were given as ordered up to the 5th; the remainder of April was blank.</li> <li>-There was no May MAR to review.</li> </ul> <p>Interview on 5/3/22 with AFL Provider #1 revealed:</p> <ul style="list-style-type: none"> <li>-She and her husband (AFL Provider #2) shared responsibilities in giving Client #1 his</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>medications.</p> <p>-Usually AFL Provider #2 gave the client his medications but he had been in the hospital.</p> <p>-She gave Client #1 his medications while AFL Provider #2 was gone, and her sister helped out some as well during April.</p> <p>-She did not fill out the MARs, nor did her sister, on the days they gave the client his medications.</p> <p>-The client did not miss any of his medications from April 5th to present date.</p> <p>Interview on 5/3/22 with AFL Provider #2 revealed:</p> <p>-He had not been keeping up with the client's MARs due to his illness and being in the hospital.</p> <p>-He was usually very good about keeping up with things.</p> <p>-He had been home since 4/21/22.</p> <p>-He had not started a May MAR yet.</p>	V 118		