

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl0601463	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/29/2022
NAME OF PROVIDER OR SUPPLIER SHEP EL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 425 THREE GREEN DRIVE HUNTERSVILLE, NC 28078		
(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 4/29/22. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living; Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 3 and currently has a census of 1. The survey sample consisted of audit of 1 current client.</p>	V 000	<p>██████████ will be re-trained on Medication Administration. This will include all the Medication Requirements needed in order to give any Prescription or Non-Prescription Drugs to any consumer in this facility. It will be administered by a RN.</p> <p>The QP ██████████ will document his visits to the Shep El home at least monthly to ensure that all requirements for Medication Administration are done correctly at this facility.</p>	5/30/22
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 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 affecting 1 of 1 client (client #1). The findings are:</p> <p>Record review on 4/27/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 10-16-11; - Diagnoses Mild Intellectual Developmental Disorder, Oppositional Defiant Disorder, Mood Disorder , None Other Specified (NOS), Seizures, Asthma; - No physician orders for the medications. <p>Observations on 4/28/22 at 3:06pm of client #1's medications revealed:</p> <ul style="list-style-type: none"> - Atomoxetine (Attention Deficit Hyperactivity Disorder) HCL 80 milligrams (mg) take 1 capsule oral every morning; - Benzotropine (anti-tremor) 1mg take 1 tablet by mouth 2 times a day; - Cetirizine(allergy) HCL 10mg take 1 tablet by mouth at bedtime; - Quetiapine Fumarate(mood) 400mg take 1&1/2 tab at by mouth every night (600mg); 	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Trazodone (Depression) HCL 100mg take 2 tablets oral each night at bedtime; - Oxcarbazepine (Seizures) 300mg take 1 tablet oral 2 times a day; - Prescription signature log form with the labels of each medication attached. <p>Review on 4/28/22 of client #1's MAR from February 2022- April 2022 revealed all above listed medications documented as administered with no physicians' order.</p> <p>Interview on 4/28/22 with client #1 revealed:</p> <ul style="list-style-type: none"> - Received medications daily. <p>Interview on 4/28/22 with the Alternative Family Living (AFL) Provider revealed:</p> <ul style="list-style-type: none"> - "I thought this form (prescription signature log) was the physicians orders."; - Will contact the qualified professional to get the physicians orders. <p>Interview on 4/29/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Unaware there were no physicians' orders for the medication records; - Will contact the pharmacy today to obtain all physicians' orders. 	V 118			