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Fax

To: Corrie From: Jaime
Fax: 919.715.8078 Pages: 6
Phone: _____ Date: 5/2/22
Re: GGH (MHL-082-041 cc: _____

- Urgent
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHLO82-041	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/20/2022
NAME OF FACILITY GARLAND GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 168 HERRING AVENUE GARLAND, NC 28441	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0112	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .0205 (C-D)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/20/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Corie Anderson</i>	DATE 4/20/22	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/10/2020		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PRINTED: 04/20/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/20/2022
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NAME OF PROVIDER OR SUPPLIER GARLAND GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 168 HERRING AVENUE GARLAND, NC 28441
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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 and follow up survey was completed on April 20, 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 5 and currently has a census of 5. The survey sample consisted of audits of 3 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 drug.</p>	V 118	<p><i>OP & Residential Service Coordinator will communicate about medication changes.</i></p> <p><i>Staff will be informed so there are no errors made.</i></p> <p><i>ED will make sure all follow-ups are performed</i></p>	4/24/22

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jaime McNeil

TITLE

Executive Director

(X6) DATE

STATE FORM

0899

F6UV11

If continuation sheet 1 of 4

RECEIVED

By DHSR Mental Health Licensure & Certification at 3:23 pm, May 02, 2022

PRINTED: 04/20/2022
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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 review, observation and interview the facility failed to administer medications as ordered by a physician and failed to keep the MAR current affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 4/20/22 of client #2's record revealed: - 33 year old female admitted 11/12/11. - Diagnoses included Intellectual/Developmental Disability, severe; Autism Spectrum Disorder; Persistent Mood (Affective) Disorder; Anxiety Disorder, and encopresis without constipation. - Signed Physician's orders for polyethylene glycol (PEG) 3350 (laxative) mix 1 capful (17 grams) in 8 ounces of water and drink as follows: 3/01/22 take once daily signed by client #2's Primary Care Provider 2/21/22 and 1/24/22 take at bedtime signed by client #2's Psychiatrist 12/02/21 take twice daily, signed by client #2's Gastroenterologist</p> <p>Review on 4/19/22 and 4/20/22 of client #2's MARs for February 2022 - April 2022 revealed: - March 2022: Printed transcription for PEG once daily marked through and a handwritten transcription for PEG twice daily ; with documentation it was administered twice daily (at</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>8:00 am and 8:00 pm).</p> <p>- February 2022: Printed transcription for PEG once daily marked through and a handwritten transcription for PEG twice daily with documentation it was administered twice daily (at 8:00 am and 8:00 pm).</p> <p>During interview on 4/20/22 client #2 stated she took her medications everyday with staff assistance.</p> <p>During interview on 4/20/22 staff #1 stated:</p> <ul style="list-style-type: none"> - One of her job duties was medication administration. - Medication changes were communicated to staff verbally and in writing. - Either the Residential Services Coordinator or the Qualified Professional/Executive Director made sure the change was communicated to staff and the change made to the MAR. <p>During interview on 4/20/22 staff #2 stated:</p> <ul style="list-style-type: none"> - One of her job duties was medication administration. - Staff were notified of medication changes verbally and in writing. - Medication changes were written on the MAR. <p>During interview on 4/20/22 the Residential Services Coordinator stated:</p> <ul style="list-style-type: none"> - Her job responsibilities included accompanying clients to the medical appointments, monitoring the MARs and making sure medications were in stock. - If a provider made a medication change she would ensure the change was made to the MARs. <p>During interview on 4/20/22 the Qualified Professional/Executive Director stated:</p> <ul style="list-style-type: none"> - The MARs were printed by the pharmacy at the 	V 118		

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V 118	Continued From page 3 end of the month and sent to the facility before the beginning of the new month. - If a Physician changed an order after the MARs were printed and before they were received by the facility, the new order would not be reflected on the MAR. - The "Manager" was responsible for transcribing the new orders onto the MAR. - Client #2 went to the Gastroenterologist in December 2021 and he prescribed PEG twice daily. - They did not realize client #2's Psychiatrist changed the PEG order to bedtime on 1/24/22 and continued it on 2/21/22. - The pharmacy printed transcriptions on the February and March MARs were marked out by a staff member and a transcription for PEG to be administered twice daily was handwritten in accordance with the Gastroenterologist's 12/02/21 order. - Client #2 received PEG twice daily in February and March despite the order written for it to be administered once daily at bedtime. - The change in client #2's PEG order was not communicated with staff and they continued to administer it twice daily. - Client #2's Medical Providers did not communicate with one another; it was up to her and the Residential Services Coordinator to ensure each Medical Provider knew what the others had prescribed. - Client #2's MARs were correct and she received PEG once daily, as ordered, in April.	V 118		