

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2022
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NAME OF PROVIDER OR SUPPLIER ASHLYNN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 89 ASHLYNN DRIVE CONCORD, NC 28025
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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 6/9/22. A deficiency was sited.</p> <p>This facility is licensed for the following service category: NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 beds and currently has a census of 5. The survey sample consisted of 3 current clients.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 120		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to ensure medications were stored separately for each client and separately for internal and external use affecting 3 of 3 clients (#1, #2, and #3). The findings are:</p> <p>Finding # 1: Review on 6/8/22 of client #1's record revealed: -admission date of 12/12/2019; -diagnosis of: Schizoaffective Disorder, Bipolar Type, Generalized Anxiety Disorder, Unspecified, Trauma and Stressors Related Disorder, Hyponatremia; -physician's orders dated 10/21/21 for Bismuth 265/15ml (milliliters) use as directed as needed, Clearlax Powder 1 capful in 8oz (ounces) beverage twice daily as needed, Colace Clear 5mg (milligrams) Softgel, one twice daily as needed, Delsyn 30mg/5ml, 5ml ever 6 hours as needed.</p> <p>Observation on 6/9/2022 at 11am of client 1's medications revealed Bismuth 265/15ml use as directed as needed, Clearlax Powder 1 capful in 8oz beverage twice daily as needed, Colace Clear 5mg Softgel, one twice daily as needed, Delsyn 30mg/5ml, 5ml every 6 hours as needed, stored on top shelf of medication cabinet, without separation from medications of client #2 and client #3.</p> <p>Finding #2: Review on 6/8/22 of client 2's record revealed: -admission date: 1/27/21; -diagnosis: Unspecified Schizophrenia Spectrum and other Psychotic disorder, unspecified cannabis related disorder, Mild IDD (Intellectual Disabilities);</p>	V 120		

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V 120	<p>Continued From page 2</p> <p>-physicians' orders dated 11/21/21 for Antacid Reg (regular) Strength take 30 mg by mouth every 4 hours as needed for indigestion, Bismuth Subsalicylate 262mg/15ml 20 ml by mouth every 4 hours as needed, Calcium antacid Chew 2 tablets by mouth every 8 hours as needed for heartburn;</p> <p>Observation on 6/9/22 at 11am of client #2's medications revealed Antacid Reg Strength take 30 mg by mouth every 4 hours as needed for indigestion, Bismuth Subsalicylate 262mg/15ml 20 ml by mouth every 4 hours as needed, Calcium Antacid Chew 2 tablets by mouth every 8 hours as needed for heartburn stored on top shelf of medication cabinet without separation from medications of client #1 and client #3.</p> <p>Finding #3: Review on 6/8/22 of client 3's record revealed: -admission date of 1/13/15; -diagnosis: Bipolar Type BY HX, Schizoaffective Disorder, Generalized Anxiety Disorder; -physicians' orders dated 1/27/21 for Milk of Magnesia 30 ml by mouth as needed, Gavilax Powder mix 17gm in 8ozs of liquid daily as needed, Hydrogen Peroxide 3% apply to affected area twice daily as needed; Observation on 6/9/22 at 11am of client # 3's medications revealed, Milk of Magnesia 30 ml by mouth as needed, Gavilax Powder mix 17gm in 8ozs of liquid daily as needed, Hydrogen Peroxide 3% (external) apply to affected area twice daily as needed stored on top shelf of medication cabinet, without separation from medications of client #1 and client #2.</p> <p>Interview on 6/9/22 at 11:15am and 2:25pm with the Qualified Professional/ group home manager revealed:</p>	V 120		

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V 120	<p>Continued From page 3</p> <ul style="list-style-type: none"> -PRN's (as needed) and extra medications kept on top self; -would pull to use when needed; -was kept that way when she came to the home; -will store prn/extra medications for each client with each respective client's other medications. <p>Observation of medication closet on 6/9/22 at 11:30am revealed PRN and extra medications removed from top shelf and placed beside the medication bins of each respective client.</p>	V 120		