

V118 27G .0209 (C) Medication Requirements

10A NCAC 27G .0209 Medication Requirements

This rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 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 to prepare and administer medications for three of three audited clients:

Interview on 5/26/22 with Assistant Director revealed:

She administered medication to clients.

She was trained in medication administration years ago but unable to locate document.

She was scheduled to retake the training on 6/16/22.

Measures put in place to correct the deficient area of practice:

The assistant director has been scheduled to take a medication administration course. The assistant director will not be giving out medications until the class has been completed and certification added to employee file.

Measures to prevent the problem from occurring again:

Each employee will maintain an employee checklist of required trainings. A quarterly meeting will be held every 90 days to review and schedule trainings as needed for staff. Review months (September 2022, December 2022, March 2023, June 2023).

An electronic copy will be saved and kept at the main office.

Who will monitor the situation

The assistant director will call the quarterly meeting with director and QP to complete the review. The assistant director will make electronic copies of employee files.

How often monitoring to take place

Initially at the hire date, then every 90 days

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL001-165	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/26/2022	Y3
NAME OF FACILITY NEW DIMENSIONS INTERVENTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2856 ANDERSON ROAD BURLINGTON, NC 27217		

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 V0133	Correction	ID Prefix V0736	Correction
Reg. # 27G .0205 (C-D)	Completed	Reg. # G.S. 122C-80	Completed	Reg. # 27G .0303(c)	Completed
LSC	05/26/2022	LSC	05/26/2022	LSC	05/26/2022
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	
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 Frances E. Hicks, MSW	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE 5/26/22
FOLLOWUP TO SURVEY COMPLETED ON 2/13/2020		<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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/26/2022
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NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2856 ANDERSON ROAD BURLINGTON, NC 27217
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on May 26, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 5 beds 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 (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the</p>	V 118	<p>RECEIVED JUN 10 2022 DHSR-MH Licensure Sect</p>	

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



TITLE (X6) DATE
ASSIST. DIRECTOR, RMA 6/6/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/26/2022
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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 and interviews, the facility failed to ensure 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 to prepare and administer medications for three of three audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 5/25/22 of Client #1's record revealed: -Admission date of 5/4/22. -Diagnoses of Major Depressive Disorder with Psychotic Features and Post Traumatic Stress Disorder. -Medication prescribed and administered: Venlafaxine cap 150mg, Venlafaxine cap 75mg ER, Omega 3 Fish Oil 1000mg, Folic Acid Tab 1000mcg, Pantoprazole Tab 40mg, Melatonin Tab 5mg, Levetiracetam Tab 500mg, Vitamin D3 50,000 Units.</p> <p>Review on 5/25/22 of Client #2's record revealed: -Admission date of 3/10/22. -Diagnoses of Schizophrenia, Antisocial Personality Disorder, Cannabis Use Disorder, Severe, Non-nuclear Dyspepsia, GERD, Vitamin D Deficiency and subclinical Hyperthyroidism.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Medication prescribed and administered: Famotidine Tab 20mg, Benzotropine Tab 1mg, Lithium Carb Tab 300mg, Olanzapine Tab 15mg, Clozapine Tab 100mg, Sennosides 8.6mg, Docusate Sod Capsule 100mg, Fluvoxamine 50mg tab, Oxybutynin Tab 10mg ER.</p> <p>Review on 5/25/22 of Client #3's record revealed: -Admission date of 8/16/17. -Diagnoses of Mild Intellectual Disability, Schizoaffective Disorder, COPD, Pulmonary Value Insufficiency, Vitamin D Deficiency, Cardiomegaly, Hypercholesterolemia. -Medication prescribed and administered: Incruse Ellipta Inhaler 62.5 MCG, Simvastatin Tab 10mg, Sertraline Tab 100mg, Symbicort AER 160-4.5, Divalproex Tab 500mg, Olanzapine Tab 20mg.</p> <p>Interview on 5/26/22 with the Assistant Director revealed: -She administered medication to clients. -She was trained in medication administration years ago but unable to locate document. -She was scheduled to retake the training on 6/16/22.</p>	V 118		