

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 SHAMROCK DRIVE SALISBURY, NC 28144</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 6/27/22. 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 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 SHAMROCK DRIVE SALISBURY, NC 28144</b>
---	--

(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 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 records review, observations and interviews, the facility failed to ensure medications were administered as ordered and MARs were kept accurate and current affecting 2 of 3 clients(#1, #2). The findings are:</p> <p>Finding #1: Review on 6/14/22 of client #1's record revealed: -admission date of 7/1/07; -diagnoses of Hearing Loss-Deaf both ears, IDD(Intellectual Developmental Disability)-Mild, Depression, Anxiety and Hydrocephalus; -physicians' orders dated 9/8/21 for the following medications: escitalpram 10mg one at bed (for depression), cetirizine 10mg one in the am(for allergies), Garlic 400mg one daily(supplement), Multivitamin one daily(supplement), Ibuprofen 600mg one tablet every 8 hours prn(as needed) for pain and omeprazole 20mg one tablet daily prn for digestive; -self administer order signed by the physician on 9/8/21 for the medications Garlic 400mg one daily(supplement), Multivitamin one daily(supplement).</p> <p>Observation on 6/16/22 at 4:05pm of client #1's medications revealed: -escitalpram 10mg one at bed dispensed 6/1/22;</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 SHAMROCK DRIVE SALISBURY, NC 28144</b>
---	--

(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-cetirizine 10mg one in the am dispensed 6/1/22;</li> <li>-Garlic 400mg one daily not on site;</li> <li>-Multivitamin one daily not on site;</li> <li>-Ibuprofen 600mg one tablet every 8 hours prn not on site;</li> <li>-omeprazole 20mg one tablet daily prn not on site.</li> </ul> <p>Review on 6/14/22 and 6/16/22 of client #1's MARs from 4/1/22-6/16/22 revealed:</p> <ul style="list-style-type: none"> <li>-escitalpram 10mg one at bed dosing date of 6/8/22 left blank with no explanation on the form;</li> <li>-cetirizine 10mg one in the am dosing date of 6/8/22 left blank with no explanation on the form;</li> <li>-Garlic 400mg one daily signed by staff as administered for April, May and June 2022;</li> <li>-Multivitamin one daily signed by staff as administered for April, May and June 2022;</li> <li>-Ibuprofen 600mg one tablet every 8 hours prn not administered for April, May and June 2022;</li> <li>-omeprazole 20mg one tablet daily prn not administered for April, May and June 2022.</li> </ul> <p>Interview on 6/16/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-have not seen either Ibuprofen or omeprazole medications on site for client #1;</li> <li>-client #1 keeps Garlic 400mg one daily and Multivitamin one daily in his room as he self administers these medications;</li> <li>-client #1 did not have these medications;</li> <li>-client #1 reported he has not had these medications in awhile.</li> </ul> <p>Interview on 6/16/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-client #1's mother brings the Garlic and Multivitamin to the facility;</li> <li>-client #1 self administers these medications and keeps them in his room;</li> <li>-thought client #1 had these medications;</li> <li>-was not aware client #1 did not have them.</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 SHAMROCK DRIVE SALISBURY, NC 28144</b>
---	--

(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 118	<p>Continued From page 3</p> <p>Finding #2: Review on 6/14/22 of client #2's record revealed: -admission date of 7/1/07; -diagnoses of IDD-Mild and Chron's Disease; -physicians' orders dated 3/29/22 for Wafarin 3mg take on Tuesdays and Thursdays for blood thinner and Wafarin 4mg take Sunday, Monday, Wednesday, Friday and Saturday for blood thinner; -physician's order dated 2/28/22 for omeprazole 20mg one tablet in the am for reflux; -physician's order dated 5/23/22 for pantoprazole 40mg one tablet twice daily for reflux; -physician's order dated 3/9/22 for aspirin 81mg one tablet daily for blood thinner; -"Hold" per local hospital discharge summary dated 5/23/22 with no physician's signature for the following medications: Wafarin 3mg take on Tuesdays and Thursdays for blood thinner and Wafarin 4mg take Sunday, Monday, Wednesday, Friday and Saturday for blood thinner; -"Stop" per local hospital discharge summary dated 5/23/22 with no physician's signature for the following medications: omeprazole 20mg one tablet in the am and aspirin 81mg one tablet daily.</p> <p>Observations on 6/16/22 at 4:10pm of client #2's medications revealed: -Wafarin 3mg take on Tuesdays and Thursdays dispensed 5/6/22; -Wafarin 4mg take Sunday, Monday, Wednesday, Friday and Saturday dispensed 5/6/22; -omeprazole 20mg one tablet in the am dispensed 4/5/22; -pantoprazole 40mg one tablet twice daily dispensed 5/23/22; -aspirin 81mg one tablet daily dispensed 5/5/22.</p> <p>Review on 6/14/22 and 6/16/22 of client #2's</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 SHAMROCK DRIVE SALISBURY, NC 28144</b>
---	--

(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 118	<p>Continued From page 4</p> <p>MARs from 4/1/22-6/16/22 revealed:                      -Wafarin 3mg take on Tuesdays and Thursdays "on hold" written on May MAR for 5/24-5/31;                      -Wafarin 4mg take Sunday, Monday, Wednesday, Friday and Saturday "on hold" written on May MAR for 5/24-5/31;                      -omeprazole 20mg one tablet in the am stopped on 5/31/22 and not listed on June MAR;                      -pantoprazole 40mg one tablet twice daily not listed on May MAR;                      -aspirin 81mg one tablet daily "on hold" written on May MAR for 5/24-5/31 and not listed on June MAR.</p> <p>Interview on 6/16/22 with Administrative Assistance revealed:                      -had the discharge summary from hospital with the instructions for the stopped medications and medications put on hold;                      -did not have signed physicians' orders for these changes.</p>	V 118		