

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-735	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2022
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NAME OF PROVIDER OR SUPPLIER CLORA'S ANGELS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE WENDELL, NC 27591
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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	INITIAL COMMENTS An Annual and Follow Up Survey was completed on June 30, 2022. A Deficiency was cited. This facility is licensed for the following service category/category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000	On 06/30/2022 I went by the Pharmacy Picked up Medications - had them to change out the Packs and add the correct dosage to the Packs for the rest of the month. took a Medication Class online and refreshed myself about giving Meds. Check Packs when received. My supervisor also went over them with me. how to check behind Pharmacy, Check Medications and make sure orders are the same as on the Packs and MAR <i>Clora Webb</i> 7-20-2022	
V 118	27G .0209 (C) Medication Requirements 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 drug.	V 118		

DHSR - Mental Health
JUL 25 2022
Lic. & Cert. Section

Division of Health Service Regulation 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>(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 observation, record review and interview the facility failed to assure medications were administered as prescribed for one of two clients (#1). The findings are:</p> <p>Review on 6/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2012 - Diagnoses: Severe Intellectual Developmental Disability (IDD), Seizure Disorder, Chromosomal Deletion and Anemia - Physician's order dated 6/6/22 listed... Stop Risperdal 3 milligram (mg) one tablet (tab) in the morning (antipsychotic) Start Risperdal 1mg one tab in the morning Continue Risperdal 3mg one tab at night dosage. - June 2022 MAR reflected initials for the 1st-29th-Risperdal 3mg one tab twice a day <p>Observation on 6/29/22 at 12:55 PM of client #1's 06/08/22 pre-packaged Risperdal medication label from the pharmacist revealed:</p> <ul style="list-style-type: none"> - Risperdal 3mg one tab twice a day. <p>Interview on 6/29/22 the Licensee reported:</p> <ul style="list-style-type: none"> - She requested the physician to decrease client #1's Risperdal as client seemed overly medicated. 	V 118	<p>6/30/2022 correct Medication dose was Changed out in the Client's Medication Packs. Clora Webb 7-20-2022</p>	
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The physician called in the change of order to the pharmacist. - She did not receive a copy of the physician's order until days later. The physician mailed a copy of the order change to the group home. - Prior to this interview, she was not aware of the discrepancies with the 6/6/22 physician's order, June 2022 MAR and the Risperdal dosage on the label dispense date of 6/8/22. <p>Interview on 6/29/22 the Pharmacist's Technician reported:</p> <ul style="list-style-type: none"> - Pre-packaged medications were dispensed a week or so prior to the dispense date listed on the bubble packet. - She was not sure if the pre-packed medications had been picked up prior to the 6/6/22 physician's orders. - She anticipated the 1 mg dosage to be filled and packaged during the next cycle. - Prior to this interview, she was not aware of the change in the prescription dosage. - Initially, she thought the prescription was a refill order not a change in dosage. - She asked the Pharmacist if there was any negative effects by the error. The Pharmacist replied "no" as that was the client's previous dosage. 	V 118	<p>On 6/30/2022 Correct Packs were Made up, Correct dosage was given to Client on the next day morning dosage discontinued and evening Meds given as ordered by Doctors.</p> <p>My GP and I went over new Packs checked behind the Pharmacy and checked Prescription with the order.</p> <p>Took a Medication Class on 7-13-2022</p> <p>Clora Webb 7-20-22</p>	
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-735	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/30/2022	Y3
NAME OF FACILITY CLORA'S ANGELS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE WENDELL, NC 27591		

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 V0114	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .0207	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/30/2022	LSC _____		LSC _____	
ID Prefix <u>6-30-2022</u>	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # <u>Med Class</u>	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC <u>LSW 7-13-22</u>		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	DATE 6.30.22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/3/2020		<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		