Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-084	A. BUILDING: _____ B. WING _____	07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEBRUN HOME	333 IDLEWOOD DRIVE MARION, NC 28752

(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	INITIAL COMMENTS An annual survey was completed on July 21, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 1. The current census is 1. The survey sample consisted of an audit of one current client.	V 000	27G. 0209 Medication Requirements 1. Re-training of medication class for AFL provider as well as disciplinary action. 2. QP will check MAR for completion 2x per month for 2 months. 3. After 2 months without incident, QP will continue to monitor 1x/month during in home supervision. This will be documented on the staff supervision form each month.	7/22/22 9/30/22 7/22/22-ongoing process
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	Staff supervisions are submitted monthly to Quality Management for compliance review.	

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DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Colleen Hahn	Executive Director	8/3/22

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to keep the MARs current and show that medications were recorded immediately after administration for 1 of 1 audited client (Client #1). The findings are: Review on 7/20/22 and 7/21/22 of Client #1's record revealed: -Date of admission: 12/20/2019; -Diagnoses: Borderline Intellectual Developmental Disabilities (IDD), Autism, Major Depressive Disorder (D/O), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injury, and Asthma; - Physician orders for the following medications: -Guanfacine 1milligram (mg) (ADHD), take 1 tab every morning (QAM) and one tab at noon, 4/15/22; -Sertraline 50mg (Depression), take 1 ½ tablets, by mouth (PO), every day (QD), 4/15/22; -Clonidine 0.1 mg HCL (ADHD), take 2 tabs QAM, 1 tab QHS, 4/15/22; -Famotidine 40mg (reflux) , take one tab, PO, QD, 3/24/22; -Omeprazole 40mg (reflux), take one cap PO, QD, 3/24/22. Observation on 7/21/22 at 2:00pm of Clients #1's	V 118		

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V 118	Continued From page 2 medication revealed: -Guanfacine 1 mg, take one 1 tab QAM and one tab at noon; -Sertraline 50mg, take one and a half tablets QD; -Clonidine 0.1 mg HCL, 2 tabs QAM and 1 tab QHS; -Famotidine 40mg, take one tab, QHS; -Omeprazole 40mg, take one cap, QD. Review on 7/20/22 and 7/21/22 of MARs from May 2022 to July 2022 for Client #1 revealed: -there was no July 2022 MAR to review; -Clonidine was initialed as only given in the mornings on the June 2022 MAR. Interview on 7/20/22 with the Alternative Family Living (AFL) provider revealed: -when asked where the July MAR was, "it's not filled out yet ...I do it at the end of the month." -she reported giving Client #1 his medication every day; -she understood that she needed to initial the MARs after administering medication to Client #1 as prescribed. Interview on 7/20/22 and 7/21/22 with the Qualified Professional (QP) revealed: -she reviews the AFL's MARs when she does her monthly visit and "they are always filled out." -the AFL provider will have a call-in meeting with the facility nurse on 7/21/22; -the AFL provider will have bi-weekly supervision; -the AFL provider will be required to attend a medication class on 7/22/22 to address medication requirements. Due to the failure to accurately document medication administration, it could not be determined if Client #1 received medication as ordered by the physician.	V 118		

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