

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-202	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2022
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NAME OF PROVIDER OR SUPPLIER A CARING HEART INDEPENDENCE CENTER-J	STREET ADDRESS, CITY, STATE, ZIP CODE 603 NEW BRIDGE STREET JACKSONVILLE, NC 28540
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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 and complaint survey was completed on August 17, 2022. The complaint was unsubstantiated (intake #NC00191054). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 11. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the</p>	V 117		

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

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V 117	<p>Continued From page 1</p> <p>pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all prescription medications administered at the program were labeled as required for 1 of 3 clients audited (client #2). The findings are:</p> <p>Review on 8/17/22 of client #2's record revealed: -47 year old male admitted 9/20/21. -Diagnoses included autism spectrum disorder with intellectual and language impairment; type 2 diabetes; high blood pressure; high cholesterol; anxiety; and depression. -Order dated 1/26/22 for Insulin Lispro (Novolog) 100u (units)/ml (milliliter) inject 6 units daily at 12 pm. (Diabetes) -Order dated 4/4/22 for Divalproex Sodium ER (extended release) 500 mg (milligrams), take 2 tablets daily at 1 pm for bipolar disorder.</p> <p>Observation on 8/17/22 at 11:30 am of client #2's medications on hand revealed: -Novolog Flexpen with manufacturers label that read the syringe had been distributed with 3ml of 100u/ml of insulin. There was no label from the pharmacy with the client's name, prescriber's name, dispensing date, or the name, address, and phone number of the pharmacy or the name of the dispensing practitioner. -There was a single compartment from a blister</p>	V 117		

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V 117	<p>Continued From page 2</p> <p>package containing 2 gray oval shaped caplets. -There was no label of any kind on the medication blister package containing the 2 gray oval shaped caplets. -The single blister pack was stored inside of client #2's black zippered bag that contained his glucometer, lancets, lancing device, and test strips.</p> <p>Interview on 8/17/22 Staff #2 stated: -She administered client #2's "pills" at lunchtime. -She was not sure what the "pills" were. -She documented when she administered the medication in the electronic medication administration record (MAR).</p> <p>Interview on 8/17/22 the Program Director stated: -Client #2 resided in an AFL owned by the Licensee. -The AFL provider would send one dose of client #2's oral medications in the blister pack to the day program each day to be administered by the facility staff.</p>	V 117		
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,</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>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. (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 interview, the facility failed to maintain a current MAR affecting 1 of 3 clients audited (client #2). The findings are:</p> <p>Review on 8/17/22 of client #2's record revealed: -47 year old male admitted 9/20/21. -Diagnoses included autism spectrum disorder with intellectual and language impairment; type 2 diabetes; high blood pressure; high cholesterol; anxiety; and depression. -Order dated 1/26/22 for Insulin Lispro (Novolog) 100u (units)/ml (milliliter) inject 6 units daily at 12 pm. (Diabetes) -Order dated 12/22/21 for blood sugar (BS) checks 4 times daily at 8 am, 12 pm, 4 pm, and 8</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>pm.</p> <p>Review on 8/17/22 of client #2's MARs between June and August 2022 revealed:</p> <ul style="list-style-type: none"> -Staff #2 initialed the MAR when she checked client #2's BS at 12 pm and 4 pm. -The AFL provider initialed the BS results when she performed BS testing on the same electronic MAR. -Review of BS results documented in June and July 2022 did not show any results documented by Staff #2. -Examples of missing BS results during the week when client #2 would be attending the day program were as follows: <ul style="list-style-type: none"> -6/1/22 (Wednesday) - 6/3/22 (Friday): No BS results documented at 12 pm and 4 pm -6/6/22 (Monday) - 6/19/22 (Friday): No BS results documented at 12 pm and 4 pm -6/27/22 (Monday) - 7/1/22 (Friday): No BS results documented at 12 pm and 4 pm -7/18/22 (Monday) - 7/22/22 (Friday): No BS results documented at 12 pm and 4 pm <p>Interview on 8/17/22 client #2 stated:</p> <ul style="list-style-type: none"> -Staff #2 gave him his medications and his insulin when he was at the day program. -Staff #2 also checked his BS. <p>Interview on 8/17/22 Staff #2 stated:</p> <ul style="list-style-type: none"> -She worked Monday through Friday at the day program 1:1 with client #2. -Her hours with client #2 were 9 am to 5 pm, Monday through Friday. -She administered client #2's medications, "pills" and insulin, at lunchtime. -She also preformed client #2's BS checks on her shift. -She documented medication administration and BS checks in the electronic MAR. 	V 118		

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V 118	<p>Continued From page 5</p> <p>-Client #2 had BS testing supplies and a glucometer maintained at the day program for her to test his BS.</p> <p>Interview on 8/17/22 the Program Director stated: -Staff #2 would document BS testing on the MAR. -In addition to initialing the MAR that the BS had been performed, the staff were also to document the results of the BS check.</p> <p>Due to the failure to accurately document BS results it could not be determined if clients received their BS checks as ordered by the physician.</p>	V 118		