

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
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NAME OF PROVIDER OR SUPPLIER PLEASANT VALLEY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE MURPHY, NC 28906
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 25, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. 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</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		

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 observations, record reviews, and interviews the facility failed to ensure that medications were administered as prescribed and the MARs were kept current for each client affecting 2 of 3 audited clients (Clients #2 and #3). The findings are:</p> <p>Review on 8-22-22 of Client #2's record revealed: -Admission date: 6-6-20 -Diagnoses: Autistic Disorder, Mild Intellectual Disability, Insomnia, Allergic Rhinitis and Keratoconus.</p> <p>Review on 8-23-22 of Physician's orders for Client #2 revealed: -Temazepam 15 milligram (mg) - 1-2 capsules by mouth at bedtime prn (as needed) for sleep. -Physician order dated 6-18-22.</p> <p>Review on 8-22-22 of the MARs for June, July, and August 2022 for Client #2 revealed: -Temazepam 15mg - Take two tablets by mouth daily. -Client #2 had been administered this medication daily starting 6-20-22.</p> <p>Observation on 8-22-22 at 12:59 pm of the medications for Client #2 included:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Temazepam 15mg - Take 1 to 2 capsules by mouth at bedtime as needed for sleep.</p> <p>Review on 8-22-22 of Client #3's record revealed: -Admission Date: 8-29-94 -Diagnoses: Moderate Intellectual Disability, Type 2 Diabetes, Autoimmune Hemolytic Anemia, Unspecified lack of expected normal physiological development in childhood and Allergic Rhinitis.</p> <p>Review on 8-23-22 of Physician's orders for Client #3 revealed: -Metformin Hydrochloride (HCL) 500mg - take 2 tablets (1,000mg total) by mouth in the morning and 2 tablets (1,000 mg total) in the evening (for Type 2 Diabetes). Take with meals. -Physician order dated 6-4-22.</p> <p>Review on 8-22-22 of the MARs June, July and August 2022 for Client #3 revealed: -Metformin HCL 500mg - Take one tablet by mouth twice daily with meals. -MARs for Client #3 had been initialed to indicate medication had been administered as one tablet twice daily.</p> <p>Observation on 8-22-22 at 1:26 pm of the medications for Client #3 included: -Metformin HCL 500mg - Take one tablet by mouth twice daily with meals. Date dispensed - 5-25-22</p> <p>Interview on 8-23-22 with Client #2 revealed: -Knew he took a medication for sleep. -Did not know the specific physician's order for his medication but felt that he received his medication without a problem.</p> <p>Interview on 8-23-22 with Client #3 revealed: -Could not specifically name her medication.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Did not know the specific physician's order for her medication, but felt that she received her medication without a problem.</p> <p>Interview on 8-23-22 with Staff #1 revealed: -Administered medications per the MARs. -Would contact the House Manager if there was a question about medication or administration.</p> <p>Interview on 8-24-22 with Staff #3 revealed: -Followed the MAR and medication bottle for medication administration. -Client #3 was given her medication per the MAR and bottle. Specifically for the Metformin, one tablet in the morning and one in the evening. -Had heard the prescription for Metformin had changed but had never seen a new bottle.</p> <p>Interviews on 8-23-22 and 8-25-22 with the House Manager revealed: -Responsible for picking up medications and filling out the MARs, including when a medication change occurs. -"I'm going to say what happened (about Client #3's medication) was when we discontinued the one pill to the two, we got the bottles switched. I don't know how else it could have happened." -When asked about the new order not being written on the MAR, "I don't know what I can say, it's not there." -Didn't realize that Client #2's medication was a PRN. -Trained in Medication Administration on 3-10-16 and subsequently received annual refresher training.</p> <p>Interview on 8-25-22 with the Physician's Assistant revealed: -Was the prescribing physician for Client #3's medications.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Client #3's Metformin had been increased due to her being on a short dose of a steroid.</p> <p>-Client #3 had not been having any issues with her blood sugar to her knowledge.</p> <p>-Client #3 could be reevaluated at her next appointment after her lab work to determine appropriate prescription/dosing level.</p> <p>Interview on 8-25-22 with the Qualified Professional (QP)/Administrator revealed:</p> <p>-"[The House Manager] told me the Metformin was being changed back months ago."</p> <p>-"It's been a struggle to keep track on where [Client #3] needs to be on that med."</p> <p>-"The house managers are responsible for...the MARs and getting those done each month. They keep up with the prescriptions ..."</p> <p>-"I do look at the medication sheets when I sign off monthly, but don't look at them closely to catch those funky errors."</p> <p>-"I wasn't clear on the MAR. I wasn't checking them."</p> <p>-"The things you pointed out to me; I was unaware of." (Client #2 and #3's medication discrepancies).</p> <p>Review on 8-25-22 of a Plan of Protection submitted by the QP/Administrator on 8-25-22 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? We are switching to a MAR generated by the pharmacy on September 1st, 2022, that we will pick up every month. This will replace our hand written MAR. This new system will better reflect the current Dr (doctor) order and any changed to the medications. The Group home manager will pick these up from the pharmacy at the beginning of every month. The Administrator is correcting the two clients MAR's today (8/25/22) to match</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>the Dr orders and the medication bottle labels. Describe your plan to make sure the above happens.</p> <p>The Administrator will correct the two MAR's today (8/25/22) to reflect the Drs orders and will oversee the Home Manager changing over to the Pharmacy printed MAR's. When the MAR's are received from the pharmacy, the Group Home manager and Administrator will review monthly to make sure the Dr's order and the bottle label match the printed MAR.We will consult with the clients Dr to address the medication that was written as a prn."</p> <p>The facility served 2 adult clients whose diagnoses included Autistic Disorder, Mild and Moderate Intellectual Disability, Insomnia, Allergic Rhinitis, Keratoconus, Type 2 Diabetes, Autoimmune Hemolytic Anemia, and Unspecified lack of expected normal physiological development in childhood. The MARs and physician's orders did not match for one medication each for Client #2 and #3. Interviews with staff and observation of the MARs reflected the medications were not administered per the physician's orders. Client #2' Temazepam 15mg prn was transcribed and administered as a daily medication since 6-20-22. Client #3 had been prescribed Metformin HCL 500mg one tablet by mouth twice daily (1,000 mg daily). On 6-4-22, a physician's order was written to reflect a change for Client #3 to received two tablets (1,000 mg) by mouth in the morning and two tablets (1,000 mg) by mouth in the evening. The medication change was never reflected on the MAR and had not been administered according to the change in prescription. This deficiency has been cited 3 times since the original cite on 6-26-18. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and</p>	V 118		

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V 118	Continued From page 6 welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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V 119	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation, interviews, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6 months for 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 8-22-22 of Client #2's record revealed: -Admission date: 6-6-20 -Diagnoses: Autistic Disorder, Mild Intellectual Disability, Insomnia, Allergic Rhinitis and Keratoconus. -Drug regimen reviews documented on 8-22-18 and 5-23-19. -Had been prescribed Lorazepam prior to Temazepam with no lapse in being prescribed a psychotropic medication.</p> <p>Review on 8-23-22 of Physician's orders for Client #2 revealed: -Temazepam 15 (milligram) mg - 1-2 capsules by mouth at bedtime prn (as needed) for sleep. -Physician order dated 6-18-22.</p> <p>Review on 8-22-22 of Medication Administration Record (MAR)s for June, July, and August 2022 for Client #2 revealed: -Temazepam 15mg - Take two tablets by mouth daily. -Client #2 had been administered this medication daily since 6-20-22. -Prior medication of Lorazepam 1.5 mg one tab by mouth daily.</p> <p>Observation on 8-22-22 at 12:59 pm of the medications for Client #2 included: -Temazepam 15mg - Take 1 to 2 capsules by</p>	V 119		

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V 119	<p>Continued From page 8</p> <p>mouth at bedtime as needed for sleep.</p> <p>Interview on 8-23-22 with the House Manager revealed: -Job duties include daily counting of psychotropic medication. -Had never received any documentation for psychotropic medication reviews. -Client #2's guardian had been taking him to the doctor. "They print out the Telemed visit form and [Client #2's guardian] brings that to us." -Clients were not going to doctor appointments because of COVID.</p> <p>Interview on 8-23-22 and 8-25-22 with the Qualified Professional (QP)/Administrator revealed: -Client #2's guardian had been taking him to the doctor. -"The psychotropic issue (medication reviews), we did it for a while after that. I didn't think about following up on that." -The House Manager was responsible for medications and the psychotropic reviews documentation. -"Every month they give me the notes and medication sheets." -"I do look at the medication sheets when I sign off monthly, but I don't look at them closely to catch those funky errors."</p> <p>This deficiency has been cited 3 times since the 6-26-18 survey and must be corrected within 30 days.</p>	V 119		