

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL012-110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILSON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>428 LOST CORNER ROAD MORGANTON, NC 28655</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 9/15/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p style="text-align: center;"><b>RECEIVED</b> <b>OCT 20 2022</b> <b>DHSR-MH Licensure Sect</b></p>	
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		

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, interviews and record reviews the facility failed to have written orders for prescribed medications affecting 1 of 2 audited clients (Client #2). The findings are:</p> <p>Review on 8/25/22 of Client #2's record revealed: -Admitted on 3/29/12. -Diagnoses of Hypothyroidism, Intellectual Disability, severe, Intermittent Explosive Disorder (D/O), Oppositional Defiant D/O, Seizure D/O, Allergies, Anemia, Obesity, Incontinence, Unspecified Mood D/O, Epilepsy, unspecified, not intractable, without status epilepticus.</p> <p>Review on 8/25/22 and 9/14/22 of Client #2's MARs from 6/1/22-8/24/22 revealed: -Cetirizine (allergies) 10 milligrams (mg), one tablet daily. -Levothyroxine (thyroid supplement) 110 mcg (micrograms), one tablet daily. -Divalproex (seizures) 125mg, 10 tablets BID (twice daily). -Simpesse 91s (birth control) 0.15-0.03-0.01mg, one tablet daily. -Fluticasone (allergies) 50mcg, 2 sprays each nostril daily. -L-lysine (supplement) 500mg, one tablet BID. -Chlorpromazine (anti-psychotic), 50mg one</p>	V 118	<p>V-118 Re-training of staff on need for medication orders to be current in both their files and files maintained in office. Additional training of all staff &amp; contractors who administer medications. QPs completed training 10/12/22 and are responsible for completing training with all they <del>supp</del> supervise. Hand-outs included in pack -</p>	
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V 118	<p>Continued From page 2</p> <p>tablet TID (three times daily).</p> <ul style="list-style-type: none"> <li>-Gabapentin (mood) 300mg, one capsule TID.</li> <li>-Vitamin D3 5,000 units, one capsule daily.</li> <li>-Trazadone (mood) 100mg 2 tablets qhs (bedtime).</li> <li>-Risperidone (anti-psychotic), 3mg one tablet BID</li> <li>-Alprazolam (anxiety), 1mg one tablet TID.</li> <li>-Colace (stool softener), 100mg one tablet BID PRN (as needed).</li> </ul> <p>-The following medications were administered 6/1/22 through 6/6/22 without a written physician's order: Cetirizine 10 mg, Levothyroxine 110 mcg, and Divalproex 125mg.</p> <p>-The following medications were administered 6/1/22-8/7/22 without a written physician order: Simpesse 0.15-0.03-0.01mg, Fluticasone 50mcg, L-lysine 500mg, Chlorpromazine, 50mg, Colace 100mg, and Gabapentin 300mg.</p> <p>Interview on 9/12/22 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-She had limited verbal ability and was not able to answer questions regarding her medications.</li> </ul> <p>Interview on 9/12/22 with the Alternative Family Living (AFL) Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 had been on the same medications for a long time; there was one change in the frequency of a PRN (as needed) medication, but the rest of the medications had not changed.</li> <li>-She went to the doctor in January 2022 and the most recent visit was August 8, 2022.</li> <li>-He did not get a copy of the orders when he was at the doctor's office; the doctor sent the prescription directly to the pharmacy.</li> <li>-He called the doctor's office when Client #2 needed a refill on a medication.</li> <li>-He requested the orders from the pharmacy on 9/12/22 but the pharmacy said it would take up to one week to receive the orders for medications</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>filled prior to June.</p> <p>Interview on 9/9/22 and 9/14/22 with the Associate Professional (AP) revealed: -She was working with the provider to ensure documentation was up to date in Client #2's chart, including physician orders. -She contacted the physician's office on 9/14/22 and received some of the missing medication orders.</p> <p>Interview on 9/13/22 with the Program Manager/Qualified Professional (PM/QP) #2 revealed: -He was not the regular PM/QP for the facility. -The QP #1 who supervised the facility was out of the office for the week. -The agency was looking for a system that works with their electronic health records to ensure that physician orders were up to date in their satellite sites, such as AFL providers.</p>	V 118		

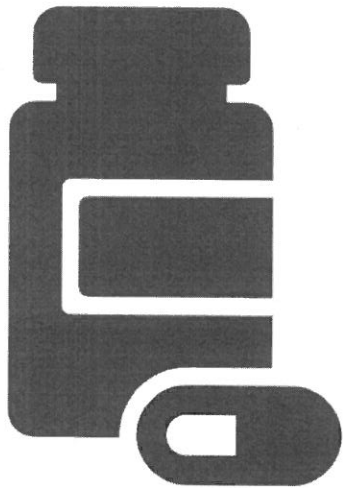
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# Your Responsibilities with Consumer Medications

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Reviewing the basics

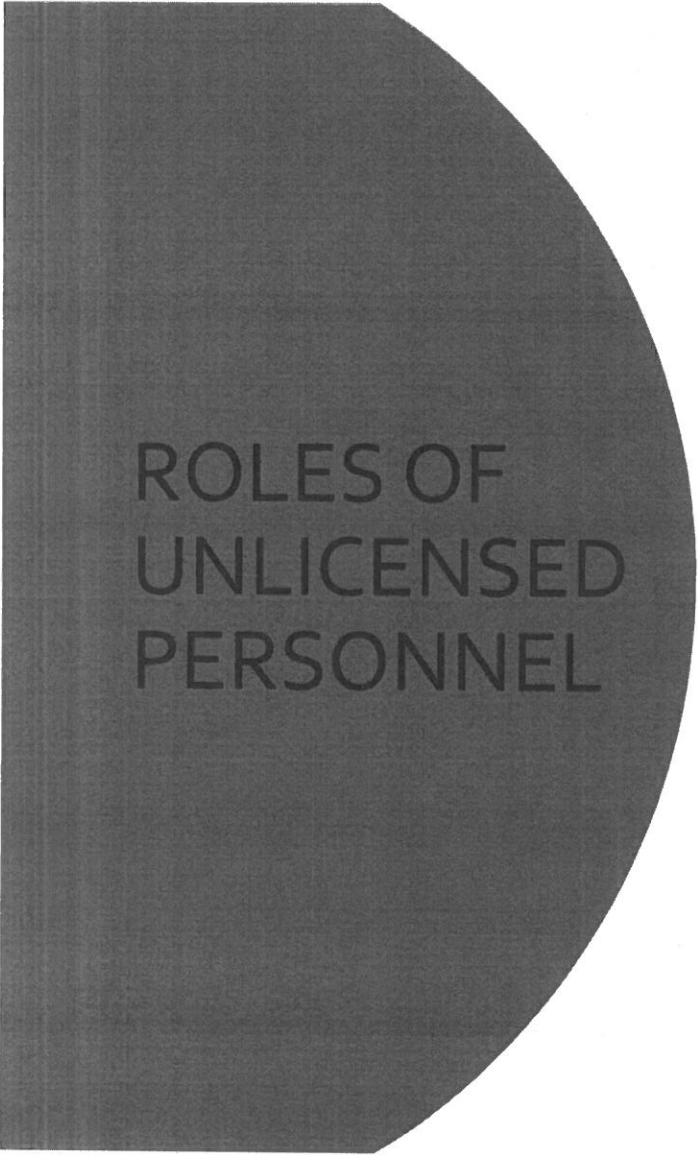





**AS AN UNLICENSED  
PERSON, YOU ARE  
LEGALLY RESPONSIBLE  
FOR ANY MEDICATION**

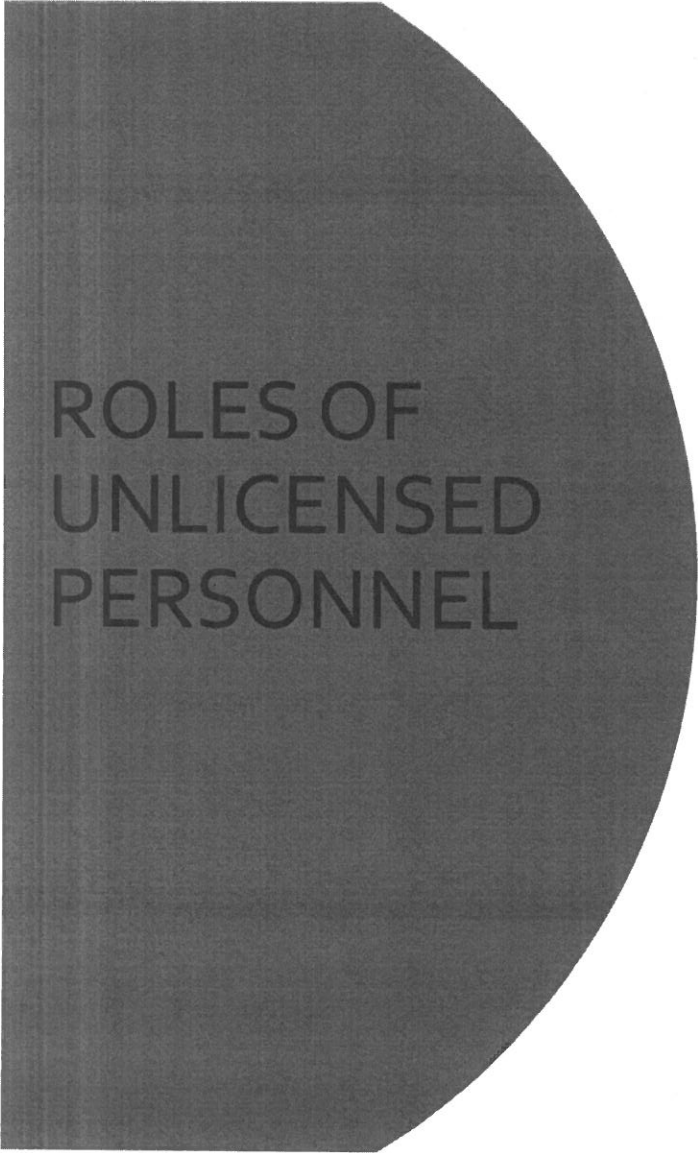
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**THAT YOU  
ADMINISTER OR  
ANY TREATMENT  
THAT YOU  
PERFORM!!!**




## ROLES OF UNLICENSED PERSONNEL

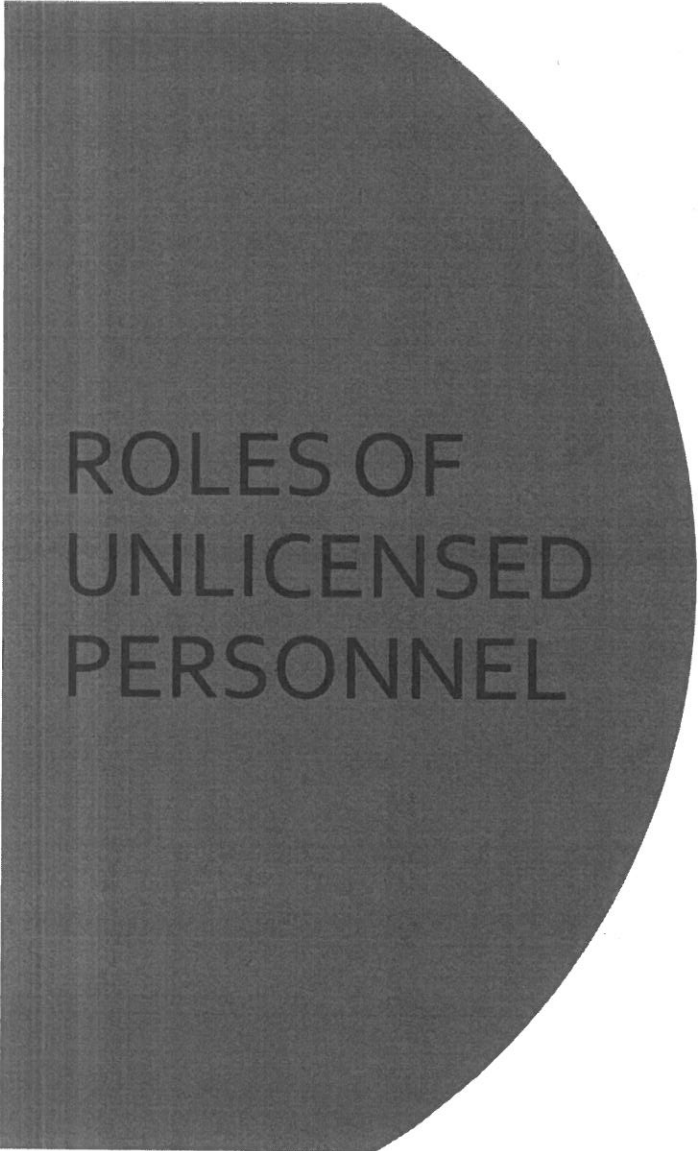
1. Administering routine daily medications and treatments
  2. Documenting medication administration on the MAR, INCLUDING signing the MAR at the time the medication is given
  3. Administering medications via the oral, topical, rectal, vaginal, eye, ear, and nose routes
  4. Administering subcutaneous insulin/Forteo **AFTER** completing additional training
  5. Administering PRN medications according to protocol
- 




## ROLES OF UNLICENSED PERSONNEL

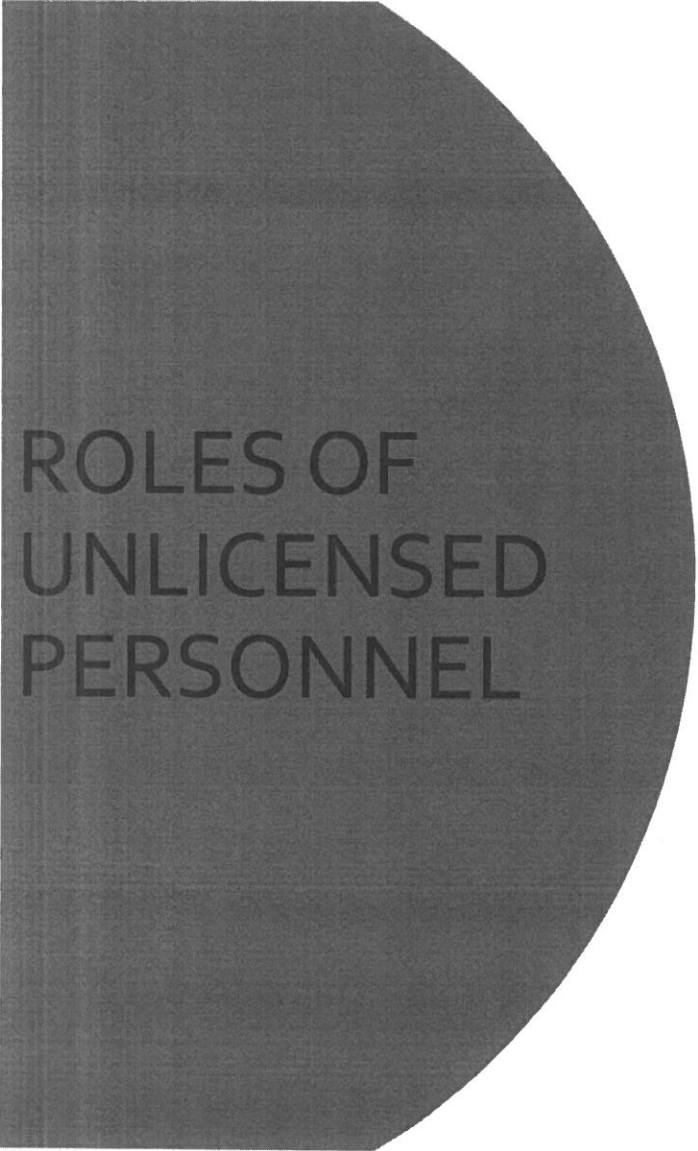
6. Documenting PRN medications and the effect of the PRN medication
  7. Recognizing and reporting signs and symptoms of illness
  8. Stating and demonstrating the eight rights of medication administration
  9. Recognizing and reporting any discrepancy between the MAR and the medication labels
  10. Initiating medication variance [medication error] reports when appropriate
- 






## ROLES OF UNLICENSED PERSONNEL

11. Supporting individuals with medical appointments
  12. Transcribing medication orders to the MAR, COPIES of medication orders need to be turned into the QP ASAP
  13. Monitoring and re-ordering medications and medical supplies
  14. Recognizing and reporting side effects of medications
  15. Demonstrating appropriate medication handling and storage techniques
  16. Providing privacy during medication administration
- 



## ROLES OF UNLICENSED PERSONNEL

17. Providing opportunities for the individual to make choices during all phases of medication administration
  18. Providing opportunities for the individual to actively participate in taking medications
  19. Reporting and recording individual incidents appropriately
  20. Teaching the individual about his/her medication... name of the medication, the purpose of the medication, and major side effects of the medication
- 

If you need additional information:

- Call your supervisor. We will help you by getting the answers from a pharmacy, registered nurse or doctor
- Use the “Quick Reference Guide” that your supervisor is giving you to answer frequently asked questions.
- Reach out to the prescribing medical professional



## Reminder of commonly missed things



1. MARs should be signed on the front and back and initialed at the time medications are given.



2. We can only accept written medication orders. Changes to orders need to be communicated to your supervisor immediately. Copies of written medication orders need to be in the hands of your supervisor ASAP.



3. All doctor orders must match what is written on prescription bottle, which must match what is on the MAR. If not, get it corrected!

**CANC Take Home  
Medication Administration,  
Additional Training Materials:**

**“How to” quick reference to Medications**

**If ever in doubt, call your supervisor.**

**Office Number: \_\_\_\_\_**

**After Hours Phone Number: \_\_\_\_\_**

## Table of Contents

### Common Terms-

Doctor- any health care professional that prescribes medications  
RX-prescription  
QP-Qualified Professional  
AFL PROVIDER- contractor/staff

- Section 1: Procedure for Obtaining New Medication Orders
- Section 2: Procedure for Obtaining Renewal Medication Orders (re-ordering meds)
- Section 3: Procedure for Obtaining PRN (as needed) orders
- Section 4: Procedure for Medication Discontinuance
- Section 5: Procedure for Medication Administration- Routine Meds
- Section 6: Procedure for Medication Administration- PRN
- Section 7: Procedure for Medication Refusal
- Section 8: Procedure for Medication Errors including wrong medications, giving medications outside the 2 hour window and not giving medications:
- Section 9: Procedure for Medication Storage and Key
- Section 10: Procedure for Medication Disposal – Expired, Discontinued, Refused:
- Section 11: Procedure for Controlled Drugs:
- Section 12: Procedure for Storage of Controlled Drugs
- Section 13: Procedure for Administration and Documentation of Controlled Drugs
- Section 14: Procedure for Disposal of Controlled Drugs
- Section 15: Procedure for evaluation/re-evaluating ability to self-medicate:
- Section 16: Procedure for Reporting Emergency Situations
- Section 17: Procedure for Reporting Non-Emergency Situations
- Section 18: Procedure for Communicating with the Doctor

# 1. Procedure for Obtaining New Medication Orders:

General Questions	What and who does what
1. Who obtains new orders?	1. The new prescription is obtained by the person (AFL or guardian) who is accompanying the individual to the doctor's office.
2. What form(s) must be used to obtain orders?	2. The Medical Consult Form (see example on next page) will be used to obtain orders. The forms must include specific information including allergies, current medications (prescribed by that Doctor only) and treatments. AFL needs to also fill out, before leaving home, the current dietary information, any signs and symptoms, health insurance information (Medicaid card usually) and any laboratory or diagnostic test results the Doctor has not seen. AFL must also take a copy of medications prescribed by any other doctor. Any new med orders <i>or</i> refills need to be obtained in a written form from the physician. It can be a written prescription or it can be computer generated that is sent directly to the pharmacy. <i>Any orders written on the medical appointment consultation will also need to be written on a prescription or sent to the pharmacy. You must get a copy of the prescription either from the doctor's office or the pharmacy.</i>
3. How/by what means is information related to new orders communicated with the - • Supervisor? • Pharmacy? What is the timeline for this communication?	3. AFLs are responsible for: a. Calling the supervisor <b>that day</b> to let them know of changes. Getting the new orders to the supervisor within one business day either through fax or dropping off the forms at the office. Psychotropic medications (one that alter the moods or behavior) must have a guardian's permission before we can administer. b. All new orders faxed or taken to the Pharmacy within <b>two hours</b> during regular business hours
4. Who documents the new orders on the MAR? When?	4. New orders are transcribed onto the MAR by the AFL when the new medications get to the home. If you need help---call your supervisor.
5. Where are the new orders filed? Who is responsible for filing the orders?	5. Your supervisor will file the original or copy of the order in the office. AFL will file a copy with the MARs.
6. What, if any, are the responsibilities of the:	6. The doctor is responsible for reviewing the

<ul style="list-style-type: none"> <li>• Doctor</li> </ul>	<p>information on the Medical Consult Form and examining the individual, so s/he may recommend a treatment plan and/or prescribe medication(s) and completing the Medical Consult Form. S/he needs to explain to you what the treatments are, including the medications being described and when the client needs to come back.</p>
<ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• AFL</li> <li>• Your supervisor</li> </ul> <p>7. In addition to documenting on the MAR, is documentation required elsewhere?</p> <p>8. Where do I keep the medications?</p>	<p>The pharmacy is responsible for filling the prescription. S/he will also review the prescriptions for any possible drug interaction. You <b>MUST</b> obtain a copy of all prescriptions (new and refills) from the pharmacy if you did not get them from the doctor's office.</p> <p>You must make sure that all forms are completed, including the doctor's signature on the Medical Consult Form. You need to make follow up appointments. You need to pick up the medications from the pharmacy <b>THAT</b> day. You must fill out the medication on the MAR. The doctor's orders, the prescription bottles and the MAR <b>MUST</b> match. You must let your supervisor know of any new appointments or medications.</p> <p>Supervisor will be available for consultation</p> <p>7. In addition to documenting on the MAR, no other documentation is required. If the medication is a controlled substance, you must fill out an Individual Controlled Sign Out form (see example after this section).</p> <p>8. Medication will be locked in a medication storage cabinet in the home. Controlled medications will be double locked.</p>
<p><b>Frequently Asked Questions</b></p> <p>1. What do I do if the medication orders and prescription bottles do not match?</p>	<p>1. When you are checking the medications orders and prescription bottles before filling out the MAR and recognize that there is a problem, <b>DO NOT GIVE</b>. Call your supervisor. Contact the doctor's office about the differences.</p>



<p>2. What if the doctor's orders change when or how the medication is given and I still have medications left in the bottle?</p> <p>3. What if the doctor's office gives me a sample to use with my client?</p>	<p>2. The label on the bottle must be changed by the pharmacy before giving. You must never mark on the prescription bottle yourself.</p> <p>3. Do not take them. We cannot give them.</p>
<p>4. My client's doctor does not give me the prescriptions, only sends them directly to the pharmacy. What now?</p> <p>5. Can I attach my client's Discharge paperwork from the appointment to the Medical Consult Form?</p> <p>6. My doctor's office has called and wants me to hold or change the amount of medication I give my client. What do I do?</p> <p>7. My doctor has prescribed an injection (shot) for the first time to my client. Do I give it?</p> <p>8. What if my doctor prescribes a medication and the pharmacy does not have it so I can start on that day?</p> <p>9. What if the doctor prescribes an over the counter med and my client refuses to buy it?</p>	<p>4. That's OK. Make sure that the doctor has completed the Medical Consult Form with a signature. Make sure you get a copy of the prescription (whether a new med or a refill) from the pharmacy.</p> <p>5. That is a great idea but we will still need the doctor to fill out and sign the Medical Consult Form.</p> <p>6. Doctor must write a new order and send to the pharmacy. It is your responsibility to get a copy of the prescription. Call your supervisor.</p> <p>7. You can after training by a nurse but not before. Ask the doctor if this is something that can wait and if it can---have her write the prescription start date for when she needs it to start. Call your supervisor immediately so that she can begin setting up nurse's training.</p> <p>8. It is our responsibility to start all medications on the day they are prescribed. If a medication cannot be started that day, the doctor should write on the prescription "To begin when...(whatever the case is). It is a med error if this does not occur as requested.</p> <p>9. Our clients can refuse their medications at any time. If the doctor has ordered a PRN medication and the client refuses to buy it, we must inform the doctor, get it in writing that the doctor is aware of the refusal, ask for a substitution if there is one and mark the MAR as a refusal. If the doctor re-writes the order with the client's preference in mind, you are done with it. If the doctor does not---med error. Either way, call your supervisor.</p>

<p>10. How do I know if my prescription is a controlled substance (schedule II)?</p>	<p>10. Controlled substances(schedule II) are medications that have a high incident of addiction/abuse. Usually doctors will hand the written prescriptions to you as the AFL but the other way to tell is if you have to show an identification to pick it up.</p>
<p>11. My client has been prescribed a schedule II controlled medication—now what?</p>	<p>11. If the medication is a controlled substance, you must fill out an Individual Controlled Sign Out form (see example after this section). Also, IMMEDIATELY call your supervisor as we need to get permission from guardian before starting most schedule II medications. The same is true for all psychotropic drugs (drugs that affect an individual's mental state).</p>



Community Alternatives North Carolina  
Medical Consultation Report

Name:

Medical  
Allergies

Date of Birth

11/3/84

Record #:

00000

I. Physician/Consultant Name:

Medical Specialty:

II. Reason for Visit:

Follow up

Appointment Date/Time:

5/2/15 9:15

III. Staff Accompanying Individual to Visit:

IV. Medication:

Adderall 7.5 mg qd  
500mg 4 caps qd

V. Physician Consultation Information, Findings:

heart healthy diet, thickened liquids - honey consistency  
↓ weight - 1lb.

VI. Plan/Recommendations:

Continue heart healthy diet

VII. Medication Changes:

None

Please document medication changes on this form. However, this form does not serve as a medication order. A written prescription is needed for each medication.

VIII. Restrictions:

N/A

Food

Activity

Contagious

Work

Explain restrictions:

Return appointment needed:

No  Yes

Date/Time:

7/1/15 9:15A

5/2/15

Date

COMMUNITY ALTERNATIVES STAFF COMPLETE THE FOLLOWING:

IX. Primary physician notified of recommendations:

Yes

No

N/A

X. Recommendations Reviewed / Approved by:

Name/Title

Date



**Community Alternatives – North Carolina  
Individual Controlled Sign-Out Sheet**

Name: [REDACTED]

Date Dispensed: 9/21/14

Rx #: 000000

Quantity Dispensed: 30

Medication & Dosage: Adderall 7.5 mg/30

Start Date: 9/21/14

Prescribing M.D.: [REDACTED]

Staff Receiving Medication: [REDACTED]

QUANTITY	DATE	TIME	DOSE	DOSE GIVEN BY	NUMBER LEFT
30	9/21/14	8p	1	[REDACTED]	29
29	9/22/14	7A	1	[REDACTED]	28
28	9/22/14	8p	1	[REDACTED]	27

## 2. Procedure for Obtaining Renewal Medication Orders: (re-ordering medications)

Questions to be answered to determine the procedure to be followed:	Information to be included in your Procedure:
<p>1. Who may obtain renewal orders?</p>	<p>1. The renewal orders are obtained by the AFL provider.</p>
<p>2. What form(s) must be used to obtain orders? (Are orders to be re-written on the doctor's RX form or are orders to be renewed on the computer generated form?)</p> <p>3. How/by what means is information related to new orders communicated with the –</p> <ul style="list-style-type: none"> <li>• Supervisor?</li> <li>• Pharmacy?</li> </ul> <p>4. What is the timeline for re-filling prescriptions?</p> <p>5. Who documents the new order date on the MAR? When?</p> <p>6. Where are renewal orders filed?</p> <ul style="list-style-type: none"> <li>• Who is responsible for filing the renewal orders?</li> </ul>	<p>2. The renewal orders are obtained in writing from the physician. It will be written or computer generated onto a prescription form or it could be directly sent to the Pharmacy. Any renewal orders written on the medical appointment consultation will also need to be written on a prescription or sent onto the Pharmacy for it to be acceptable. <i>Make sure that you get a copy of the prescription with each renewal.</i></p> <p>3. Renewal orders are communicated to the QP/supervisor via phone and/ or fax by the AFL provider. Renewal orders are faxed to the pharmacy by the doctor's office. Supervisors need to be aware of any changes in medications when they occur.</p> <p>4. AFLs should be aware of how early they can re-fill their client's medications. Most clients have Medicaid which only allows 5 to 7 days in advance of the end of the prescription. AFLs need to re-fill prescriptions as early as they are allowed to so that there is always a small supply on hand in case of emergency situations.</p> <p>5. Renewal orders do not have to be rewritten or transcribed onto the MAR if no changes have been made by the doctor. AFL providers will need to make changes on the MAR on the day that the prescription is received which should also be the first date that the medication is given. AFL providers will call supervisors to inform them of any changes in medications that day.</p> <p>6. AFL providers will file a copy of the renewal order in the Medical Record Book that is maintained in the home. A copy is also filed in the Consumer Chart in the local office.</p>
<p>7. What, if any, are the responsibilities of the –</p> <ul style="list-style-type: none"> <li>• doctor?</li> <li>• Pharmacy?</li> <li>• AFL provider</li> <li>• QP/PM</li> </ul>	<p>7. The doctor or person prescribing the medication will:</p> <p>a. write the amount of medication to be dispensed per month,</p> <p>b. write to the pharmacy the number of times that prescription can be re-filled,</p> <p>The pharmacy will:</p>

	<p>a. review medications and  b. ask for renewals of prescriptions as needed  c. dispense and label the medications</p>
	<p>The AFL provider's responsibility is:  a.refill medications in a timely manner,  b. comparing the doctor's prescription to the medication bottle and ensuring that they are the same. If not, do not give the medications. Call your supervisor and client's doctor for clarification.  c. if the orders match, enter the information onto the MAR and begin the medication as prescribed.</p> <p>The QP/your supervisor's responsibility is to be available for consultation.</p>
<p>8. In addition to documenting the new start date on the MAR, is documentation required elsewhere?</p> <p>9. Where are meds kept?</p>	<p>8.In addition to documenting the new renewal start date on the MAR, no other documentation is required.</p> <p>9. Medication will be locked in a medication storage cabinet in the home. Controlled medications(schedule II) will be double locked.</p>
<p><b>Frequently Asked Questions</b></p> <p>1.</p>	

### 3. Procedure for obtaining PRN (as needed) orders and medications:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
1. Who obtains PRN med orders/meds?	1. The PRN prescription is obtained by the person accompanying the individual to the doctor.
2. What form(s) must be used to obtain orders?  3. How/by what means is information related to PRN med orders communicated with the — <ul style="list-style-type: none"> <li>• Supervisor?</li> <li>• Pharmacy?</li> </ul> 4. On the MAR? When?  5. Where are PRN med orders filed?  6. Who is responsible for filling the med order(s)?  7. For what is the doctor responsible?	2. PRN orders should be written on the Medication Consult Form as well as a prescription. The AFL provider is responsible for obtaining a copy of the prescription order from either the doctor or the pharmacy.  3. AFL provider will communicate the PRN order verbally to the supervisor as soon as the medication is ordered.  The pharmacy will need the prescription delivered on the same day from either the doctor's office or by hand by the AFL provider. All PRN orders are faxed to Pharmacy within two hours during regular business hours.  4. PRN orders are transcribed onto the MAR by the AFL provider when the supply of medication is present in the home.  5. The AFL PROVIDER will file the original or copy of the order in the Medical Record Book that is maintained in the home. A copy is also filed in the consumer chart.  6. The AFL provider.  7. The doctor is responsible for assessing the information available and examining the individual, s/he may recommend a treatment plan and/or prescribe medication(s). Specific information must be obtained from the doctor so that the prescribed treatment plan can be implemented or the medication can be obtained from the pharmacy and given safely. The AFL provider is responsible for completing all forms, before leaving the office of the doctor.
	If an individual attends a doctor appointment accompanied by a family member/advocate, the expectations for completion of all paperwork is the same.

<p>8. Is there any additional documentation required</p>	<p>8. Document on the MAR unless it is a controlled (schedule II) substance. At that time the AFL provider will need to fill out and use a Controlled Medication Record (see example on next page).</p>
<p>9. How will medication be stored?</p>	<p>9. Medication will be locked in a medication storage cabinet in the Nurses office. Controlled medications will be double locked. PRNs should be kept separate from other medications.</p>
<p><b>Frequently Asked Questions</b></p>	
<p>1. How do I know when to give a prescribed PRN?</p>	<p>1. Before you and the client leave the doctor's office, clarify and get in writing (Medical Consult Form) under what circumstances this PRN is to be given.</p>



## 4. Procedure for Medication Discontinuance:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
1. Who obtains/receives the discontinue (d/c) order?	1. The D/C order is obtained by the person accompanying the individual to the doctor.
2. Is there a specific form that must be used to obtain a d/c order?  3. Who documents the d/c on the MAR?  4. What is the procedure/timeline for informing the: <ul style="list-style-type: none"> <li>• Supervisor?</li> <li>• Pharmacy?</li> </ul> 5. Where is the d/c order filed?  6. When and by whom is the med removed from the med storage area.	2. The D/C order is obtained in writing from the physician. It will be written or computer generated onto a prescription form. Any D/C orders need to be also written on the medical consult form.  3. D/C orders are documented on the MAR by the AFL provider. To indicate the day and time that the medication was discontinued, the AFL provider should draw a line from the date and time of d/c and highlight it in yellow on the MAR.  4. D/C orders are communicated to your supervisor by phone and a copy of the order and Medical Consult Form. D/C orders are faxed to Pharmacy within two hours of the discontinuance during regular business hours.  5. The AFL provider will file the original or copy of the order in the Medical Record Book that is maintained in the home. A copy is also filed in the consumer chart.  6. The AFL provider will remove the D/C'd medication from the medication storage cabinet after documenting the D/C order on the MAR.
<b>Frequently Asked Questions</b>	
1. What do I do with the medication once it has been discontinued?	1. Put the D/C'd medication bottles in a baggie. Write the client's name and the date stopped on the baggie. The medication must be stored in a locked container separate from the other medications. Return to the pharmacy for disposal.
2. What if the doctor only stops one of the times that the medication is given (now it says give at 7am only when it originally said give twice a day)?	2. You need to inform your supervisor. DO NOT WRITE ON THE MEDICATION BOTTLE. Take the bottle and a copy of the prescription to the pharmacy in order to have them change the label. Complete the MAR as usual.

CONTROLLED MEDICATION Medication Disposal Log  Non-Controlled Medication

error BD 5/15/15

Medication Disposal for [REDACTED] (location/operation)

DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below	DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below
5/15/15	[REDACTED] Adderal 7.5 mg BD	27	2	BD					
	[REDACTED] AFL			BD					

KEY: 1. MEDICATION WAS DISCONTINUED 2. MEDICATION WAS DISCONTINUED 3. CONSUMER DECEASED 4. CONSUMER MOVED/NO LONGER HERE 5. DOSAGE CHANGED BY PHYSICIAN 6. OVERSTOCK 7. OTHER, PLEASE LIST:

NOTE: All above listed medications were discarded per CANG policy utilizing the Staples Mail System for Pharmacy Waste as its vehicle for medication disposal and removal. Witness required if wasting controlled medications. Controlled/Non-controlled must be maintained on separate sheet.

## 9. Procedure for Medication Storage and Key Policy:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> <li>Where is key or access combination kept for the medication storage area? For refrigerated drugs?</li> </ol>	<ol style="list-style-type: none"> <li>The key to the medication storage area is to be maintained on the person that is assigned to administer medications for any given shift or in a secure location in the home.</li> </ol>
<ol style="list-style-type: none"> <li>Where are medications stored?</li> <li>How are internals and externals separated?</li> <li>Who is responsible/accountable for medication storage? Key/combination access?</li> <li>What about schedule II prescriptions?</li> </ol>	<ol style="list-style-type: none"> <li>Medications are stored in a lockable cabinet or filing cabinet. Medications that are stored in the refrigerator must also be in a locked box or locked bag.</li> <li>Internal and external medications are separated by any physical barrier such as a divider, separate tray or in tight quarters a plastic food storage bag. This may vary by service site.</li> <li>The AFL PROVIDER staff is responsible for medication storage.</li> <li>Schedule II medications should be stored under two locks at all times.</li> </ol>
<p><b>Frequently Asked Questions</b></p> <ol style="list-style-type: none"> <li>How do I know if my prescription is a controlled substance (schedule II)?</li> </ol>	<ol style="list-style-type: none"> <li>Controlled substances (schedule II) are medications that have a high incident of addiction/abuse. Usually doctors will hand the written prescriptions to you as the AFL but the other way to tell is if you have to show an identification to pick it up</li> </ol>

## 10. Procedure for Medication Disposal – Expired, Discontinued, Refused:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Answer the following questions as they pertain to expired, discontinued, and refused medications:</p> <ol style="list-style-type: none"> <li>1. At what point is the QP/PM made aware of the need to dispose of a medication?</li> <li>2. How does the AFL provider dispose of a discontinued medication?</li> <li>3. Where is the disposal documented?</li> </ol>	<ol style="list-style-type: none"> <li>1. The QP/PM must be made aware of medication in need of destruction as it occurs</li> <li>2. At the time a medication is in need of disposal the AFL provider will move the medication from the individual's active medication to another location that is still under lock and key.  The AFL PROVIDER will transport the medication for destruction to pharmacy that dispensed it.  Individual doses of medication that require disposal should be inserted into an envelope or sandwich bag with the consumer name, drug and dose. This is kept under lock and key but not with the regular medication.  Medication is to be returned to the pharmacy to be destroyed.</li> <li>3. Documentation of the disposal is required on the Medication Destruction Form. (see example on the next page)</li> </ol>
<p><b>Frequently Asked Questions</b></p> <ol style="list-style-type: none"> <li>1. Is there a different procedure for documenting the destruction of a schedule II controlled substance?</li> </ol>	<ol style="list-style-type: none"> <li>1. Controlled substances need to be accounted for on the Individual Controlled Substance form. It must be double locked while being transported to the pharmacy.</li> </ol>

## 5. Procedure for Medication Administration – Routine Meds:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. What steps must be followed in administering medications?</p> <p>2. How are Over the Counter medications given?</p>	<p>1. The following procedures for administration of medications are to be followed:</p> <ul style="list-style-type: none"> <li>• Wash hands before preparing and administering medication</li> <li>• Check the MAR for times to give medications.</li> <li>• Locate most recently signed doctor order and make sure that it matches both the medication bottles and the MAR.</li> <li>• Check for drug allergies</li> <li>• Assemble necessary equipment</li> <li>• Follow the six rights:               <ul style="list-style-type: none"> <li>❖ Right Person</li> <li>❖ Right Medication</li> <li>❖ Right Dosage</li> <li>❖ Right Time</li> <li>❖ Right Route</li> <li>❖ Right Documentation</li> </ul> </li> <li>• Check the medication bottle to the MAR again.</li> <li>• Pour the accurate dose of medication.</li> <li>• Administer medications to the individual with enough water to have them effectively swallow the medicine.</li> <li>• If necessary (client has history of “cheeking” the med), check client’s mouth for medication.</li> <li>• Discard used medicine cups in a waste container</li> <li>• Chart medicine administration by documenting correctly on the medication administration record (MAR)</li> <li>• Clean up and lock.</li> </ul>
	<p>3. The following procedure is to be used. Make sure that the Standing Orders are complete and signed by the doctor within the last year. Write on the back of the form what med you are giving, why it is being given and what the effect of the medication was.</p>

<b>Frequently Asked Questions</b>	
<b>1. What if the medication is a liquid?</b>	<b>1. Use a syringe or a medication cup that is graduated. Place the cup on a flat surface and get down eye level with it to pour. DO NOT use teaspoons or tablespoons as they are not accurate.</b>

## 6. Procedure for Medication Administration – PRN Meds:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. What steps must be followed in administering medication? What if the medications are from the Standing Orders?</p>	<p>1. The following procedures for administration of medications are to be followed:</p> <ul style="list-style-type: none"> <li>• Wash hands before preparing and administering medication</li> <li>• Locate most recently signed doctor's orders. It will be a copy of the prescription for prescription medications or the Standing Orders form.</li> <li>• Check for drug allergies</li> <li>• Check the expiration date of the Standing Order medications.</li> <li>• For each dose of medication read the pharmacy label three times</li> <li>• Pour the accurate dose of medication</li> <li>• Administer medications to the individual</li> <li>• Discard used medicine cups in a waste container</li> <li>• Chart medicine administration by documenting correctly on the medication administration record (MAR)</li> <li>• Record on the PRN section of the MAR the reason for given the med and later what the outcome of the medication is.</li> <li>• Clean all equipment and medication area</li> </ul>
<p><b>Frequently Asked Questions</b></p> <p>1. What if the Standing Orders say one medicine and I don't have it but have one that does the same thing?</p>	<p>1. Standing Orders are doctor's orders. If it is not listed on the Standing Orders you cannot give it.</p>

## 7. Procedure for Medication Refusal:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. What if the client refuses the medication?</p> <p>2. The QP/supervisor must be informed of the refusal. Who calls, when?</p> <p>3. When does the doctor need to be informed? Is every refusal reported or is it left to the nurse's discretion? How the DOCTOR is made aware of your agency's policy?</p> <p>4. Is an incident report to be completed? Who completes the incident report? What is the process for the nurse to receive and review the incident form?</p>	<p>1. If the individual refuses to take medication</p> <ul style="list-style-type: none"> <li>• Explain why the medication should be taken and encourage the individual to participate</li> <li>• If s/he still refuses, do not force him/her to take the medication</li> <li>• Give the client time to think about things. Try again. Medications can be given 1 hour before to 1 hour after medication time.</li> <li>• If it appears that the client will continue to refuse the medications, call your supervisor.</li> <li>• Document the refusal on the MAR.</li> <li>• Follow the instructions given by the supervisor.</li> </ul> <p>2. The AFL provider should call the QP/supervisor regarding the refused medication as soon as possible after the administration window closes.</p> <p>3. Notification of the doctor is at the discretion of the QP/supervisor.</p> <p>4. When an individual refuses medication a Medication Error report and an Incident report are to be completed. The AFL provider is to fill out this form. Fax or deliver this form to the QP/supervisor.</p>
<p>Frequently Asked Questions</p>	



## 8. Procedure for Medication Errors including wrong medications, giving medications outside the 2 hour window and not giving medications:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. When a medication dose is omitted (Not Given), list in order the steps the staff should take... Consider:</p> <ul style="list-style-type: none"> <li>• Is this a planned omission (ordered by the DOCTOR, dose time occurs during the day program)</li> <li>• Is this an error of omission?</li> <li>• Medications given outside the 2 hour window?</li> <li>• Wrong medications given?</li> </ul> <p>2. The QP/PM must be informed of the omission/medication error</p> <ul style="list-style-type: none"> <li>• When does the doctor need to be informed? By whom?</li> </ul>	<p>1. If a medication dose is omitted, the QP/supervisor is to be informed of omission (error/unplanned or planned) by person or phone. Documentation of the notification should include the name of the person the omission was reported to. The Medication Error Report and the Incident Report is to be filled out by the AFL provider. AFL provider is to chart the error on the MAR</p> <p>On the front of the MAR:</p> <ol style="list-style-type: none"> <li>1) Locate the medication error on the front of the MAR</li> <li>2) Circle block that the initial should have gone in.</li> </ol> <p>On the back of the MAR (This may vary based on the design of the MAR being utilized:</p> <ul style="list-style-type: none"> <li>• Under the proper column, enter the date and hour you are charting the omission. Enter your initials.</li> <li>• Under the medication column, enter the names of all medication and dose of the omission.</li> <li>• Under the reason column, enter the reason for the ordered omission or the omission error.</li> <li>• Under the result column, indicate instructions you were given to follow and who you informed.</li> </ul> <p>2. The QP/supervisor must be informed of a medication omission immediately. Notification of the doctor is at the discretion of the QP/supervisor.</p>
Frequently Asked Questions	



**Community Alternatives – North Carolina  
Medication Error Report**

Name: [REDACTED]

Record #: 00000

Report Date: 5/1/15

Medicaid #: 000-00-0000R

Medication(s) involved: Adderall 7.5 mg qd

Date/Time/Place of error:

5/1/15 9Am - [REDACTED] refused medication.  
Home

How did the error happen? Describe circumstances and symptoms noted following the error:

Leon refused medication. He took it at 9 AM.

Person Reporting Variance: [REDACTED]

Medical Intervention/Plan of Correction: QP contacted doctor.  
Medication given.

Physician Comments: Give medications

**Notification**



	Name	Date/Time Contacted	Contacted By
Physician	[REDACTED]	<u>5/1/15 9:10A</u>	[REDACTED]
Pharmacy	[REDACTED]		[REDACTED]
Qualified Person	[REDACTED]	<u>5/1/15 8:45A</u>	[REDACTED]
Administrator	[REDACTED]		[REDACTED]
D.O.N./Nurse	[REDACTED]		[REDACTED]
Case Management	[REDACTED]		[REDACTED]
Guardian	[REDACTED]	<u>5/1/15 10:00A</u>	[REDACTED]

Person Completing Report: \_\_\_\_\_

**CONTROLLED MEDICATION** Medication Disposal Log

<sup>Error</sup> ~~Non-Controlled Medication~~ <sup>BD 5/15/15</sup>

Medication Disposal for Dugan's Home (location/operation)

DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below	DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) Sign Below
5/15/15	Leon Asth Adderal 7.5mg BD	27	2	BD					
 AFL 									

KEY REASON FOR RETURN: 1. CONSUMER NOT ON THIS MEDICATION 2. MEDICATION WAS DISCONTINUED 3. CONSUMER DECEASED 4. CONSUMER MOVED/NO LONGER HERE  
 5. DOSAGE CHANGED BY PHYSICIAN 6. OVERSTOCK 7. OTHER, PLEASE LIST:  
 NOTE: All above listed medications were discarded per CANC policy utilizing the Staples Mail System for Pharmacy Waste as its vehicle for medication disposal and removal. Witness required if wasting controlled medications. Controlled/Non-controlled must be maintained on separate sheet.

## 11. Procedure for Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Controlled drugs/Schedule II drugs must be reordered minimally every 30 days.</p> <ol style="list-style-type: none"> <li>1. How are new/reordered med orders obtained?</li>   <li>2. Who is responsible for obtaining these orders?</li>   <li>3. Where are the orders filed?</li>   <li>4. Who picks up the medications?</li> </ol>	<ol style="list-style-type: none"> <li>1. New/Reordered Controlled drugs are obtained by the same methods as outlined in the Procedure for obtaining New Medication Orders/Procedure for Obtaining Renewal Medication Orders.</li>   <li>2. These orders can be obtained by the AFL provider or family that is accompanying individuals to their appointments.</li>   <li>3. Controlled Medication orders require that the original go to the pharmacy that dispenses the medication. Copies must be filed in the MAR book and in the office.</li>   <li>4. The AFL provider picks up the medications. Medications must be transported behind two locks, either in a locked glove box inside the locked car or in a lock box inside the trunk if the car has one.</li> </ol>
Frequently Asked Questions	

## 12. Procedure for Storage of Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Controlled drugs must be stored under a double lock system.</p>	
<p>1. How does your agency require controlled drugs to be stored?</p>	<p>1. All controlled medication is to be stored under a double lock. If more than one individual's medication is stored in the box, each person's medications will be separated from one another by individual quart or gallon size food storage bags labeled with the individuals name and stored together with the lock box.</p>
<p>Frequently Asked Questions</p>	

### 13. Procedure for Administration and Documentation of Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Consider whether the controlled med is being given as a routine med or as a PRN.</p>	
<ol style="list-style-type: none"> <li>1. How are routine medications that are schedule II controlled drug administered?</li>   <li>2. If a PRN, how is authorization for administration obtained by the staff?</li> </ol>	<ol style="list-style-type: none"> <li>1. Controlled medications that are administered as routine medication are to be administered in the same manner as non controlled medications with one exception. Administration of these medications must be documented in one additional location, on the Controlled-Medication Record. This form is utilized to inventory the drug on hand after each dose is administered. The form stays with the medication supply until the point when the supply is exhausted. The record then is inserted into the consumer record book.</li>   <li>2. Authorization for the administration of PRN controlled medication is given as outlined by the doctor during initial appointment where PRN medication was prescribed</li> </ol>
<p>Frequently Asked Questions</p>	

## 14. Procedure for Disposal of Controlled Drugs:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>Note: Consider if the disposal is indicated because of expiration, contamination, discontinuance, etc.</p>	
<p>Only the pharmacy may dispose of more than a single dose of a controlled medication.</p> <ol style="list-style-type: none"> <li>1. How is the pharmacy informed of the need for disposal?</li> <li>2. Is there a time frame in which the pharmacy must dispose of the med?</li> <li>3. What happens to the documentation sheet?</li> <li>4. Is the medication returned to the pharmacy?</li> </ol>	<ol style="list-style-type: none"> <li>1. The pharmacy is informed of control medications needing to be destroyed by the AFL provider.</li> <li>2. AFL provider must remove the medications as soon as it is possible after the medication is discontinued. 72 hours is reasonable.</li> <li>3. The controlled count sheets are kept with the MARs that were generated for the month the disposal/destruction took place. They are turned in to your supervisor at least one time a month.</li> <li>4. Controlled drugs for disposal are to be returned to the pharmacy.</li> </ol>
<p>Frequently Asked Questions</p>	

## 16. Procedure for reporting emergency situations:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<p>1. Define emergency.</p>	<p>1. An emergency is any situation that puts an individual's health and safety at risk where first aid or other routine interventions do not or are not likely to bring it under control.</p>
<p>2. Call 911 first!</p> <p>3. Who must be notified of an emergency? The QP/PM must be notified.</p> <p>4. How are they notified?</p> <p>5. What is paperwork is required?</p> <p>6. If the individual is transported to the hospital, who accompanies the individual?</p> <p>7. What information must be taken to the hospital?</p> <p>8. How and by whom is the doctor informed?</p> <p>9. Where is documentation of guardianship/advanced directives kept?</p>	<p>2. 911 is called immediately.</p> <p>3. QP/supervisor is to be notified immediately. A voice message should be left for those that are not reached in person.</p> <p>4. Notifications should be completed within two hours of EMS staff assuming responsibility for an emergent situation. Supervisor will inform you of who else needs to be notified.</p> <p>5. An incident report is required when a medical emergency occurs. AFL providers need to complete the entire first part of the CANC Incident Report. The supervisor will advise AFL providers of any additional paperwork. The incident reports are faxed/delivered to the office on the following business day.</p> <p>6. The staff member providing support for the individual or the QP will accompany the consumer to the hospital.</p> <p>7. The Emergency information packet is taken to the hospital to provide client info to the record fact sheet, insurance information, consents to treat, current diagnoses, and current physician orders.</p> <p>8. The doctor is notified by the AFL provider or QP/supervisor. The contact may be by phone or fax.</p> <p>9. Guardianship and advanced directives, if required are kept at the front of the individual's record.</p>
<p><b>Frequently Asked Questions</b></p> <p>1. What is a DNR and how do I handle it?</p>	<p>1. DNR stands for Do Not Resuscitate. Call your supervisor as soon as your client receives one. EMS will only follow a DNR if you present them with an original, yellow copy.</p>





# Community Alternatives North Carolina Incident and Medication Variance Report

Site Name: \_\_\_\_\_  Residential  Non-Residential License #: \_\_\_\_\_

Consumer: \_\_\_\_\_ Record #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Female  Male Diagnosis: \_\_\_\_\_

Home LME: \_\_\_\_\_ Home County: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm Day: S M T W Th F S

Location of Incident: \_\_\_\_\_

Staff Reporting: \_\_\_\_\_ Position Title: \_\_\_\_\_

\*Others Present: \_\_\_\_\_

\* For staff, use name; For another consumer, use initials

<b>Type of Incident:</b>  <b>Was 911 Called?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consumer Injury <input type="checkbox"/> Trip/fall/bump <input type="checkbox"/> Aggression <input type="checkbox"/> Self injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Unknown Injury	<input type="checkbox"/> Dangerous Behavior <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Theft Vandalism <input type="checkbox"/> Property Destruction <input type="checkbox"/> Inappropriate Sexual Behavior	<input type="checkbox"/> Abuse Allegation <input type="checkbox"/> Alleged abuse <input type="checkbox"/> Alleged neglect <input type="checkbox"/> Alleged exploitation
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<b>Level of Incident:</b> (NC IRIS) <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	<input type="checkbox"/> Medication Error <input type="checkbox"/> Wrong dose <input type="checkbox"/> Wrong medication <input type="checkbox"/> Wrong time <input type="checkbox"/> Missed dosage <input type="checkbox"/> Wrong Person	<input type="checkbox"/> Other Incident <input type="checkbox"/> Death <input type="checkbox"/> Suicide <input type="checkbox"/> Expulsion from Services <input type="checkbox"/> Illness/Medical Emergency <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Elopement/Missing Person <input type="checkbox"/> Fire <input type="checkbox"/> Recipient of Aggression
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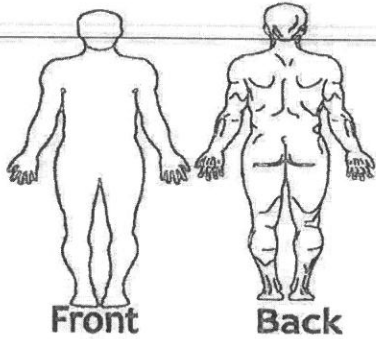
Medication: Name, Dose, Time

Name/Title of First Staff Person to learn of incident: \_\_\_\_\_

Treated by Licensed Health Care Professional?  Yes  No

Was the person hospitalized?  Yes  No

**Describe the Incident:** Include Who, What, Where, When and How. Describe in detail the location and description of the injury. Include initials of all other consumers and names of staff that are involved or witnessed incident. If a restrictive intervention was used, please specify less intrusive measures attempted. Attach additional sheets if needed. For medication errors include how error was discovered and how it occurred, if known.

	<b>Mark Injury Below</b>   <b>Front</b> <b>Back</b>

Name: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Record #: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Immediate action taken: Describe actions taken to remedy problem, first aid given, etc.


Signature/Title of Staff Completing Report

Date/Time

**PERSONS NOTIFIED:**

TITLE	NAME	DATE/TIME	CONTACTED BY
Residential Manager			
QIDP			
Program Manager			
Executive Director			
Nurse			
Behaviorist			
Family/Guardian			
Emergency Personnel/Police			
ResCare Critical Incident Reporting			
Physician or Pharmacist (Med Errors, if applicable)			

Comments:

IRIS Report			
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**ADMINISTRATIVE REVIEW (attach additional pages if necessary)**

Home Supervisor Comments, If applicable (sign and date): \_\_\_\_\_

Clinical Supervisor Comments, If applicable (sign and date): \_\_\_\_\_

Nurse Comments, If applicable (sign and date): \_\_\_\_\_

Behaviorist Comments, If applicable (sign and date): \_\_\_\_\_

Safety Committee Comments/Recommendations: \_\_\_\_\_

Safety Committee Representative (sign and date): \_\_\_\_\_



**Community Alternatives – North Carolina**  
**Injury of Unknown Origin Inquiry**

If during the course of the inquiry it appears that the injury resulted from abuse or neglect, or other issues that may require formal investigation are revealed report findings immediately to supervisor. A formal investigation should be initiated.

1. Consumer Name: \_\_\_\_\_

2. Date and Time Injury was Discovered: \_\_\_\_\_

3. Name/Title of Person(s) Conducting Inquiry:  
\_\_\_\_\_  
\_\_\_\_\_

4. Name/Title of Staff Interviewed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What conclusions, if any were determined from this inquiry?  
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\_\_\_\_\_

\_\_\_\_\_  
Investigator Signature/Title/Date

\_\_\_\_\_  
Investigator Signature/Title/Date

**CONTROLLED MEDICATION**

**Medication Disposal Log**

**Non-Controlled Medication**

Medication Disposal for \_\_\_\_\_ (location/operation)

DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) <i>Sign Below</i>	DATE	Consumer Name/Rx#/ Med Name/Dose	QTY	Reason for Disposal	Staff Initial(s) <i>Sign Below</i>
Staff Signature/Title/Initials:									

KEY—REASON FOR RETURN: 1. CONSUMER NOT ON THIS MEDICATION 2. MEDICATION WAS DISCONTINUED 3. CONSUMER DECEASED 4. CONSUMER MOVED/NO LONGER HERE  
5. DOSAGE CHANGED BY PHYSICIAN 6. OVERSTOCK 7. OTHER, PLEASE LIST:

NOTE: All above listed medications were discarded per CANC policy utilizing the Staples Mail System for Pharmacy Waste as its vehicle for medication disposal and removal. Witness required if wasting controlled medications. Controlled/Non-controlled must be maintained on separate sheet.

## 17. Procedure for reporting non-emergency situations:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> <li>1. Define non-emergency.</li>   <li>2. Who must be notified?</li>   <li>3. What is the timeframe for notifying the appropriate people?</li>   <li>4. What documentation is required?</li>   <li>5. Who is responsible for documentation?</li>   <li>6. What are the criteria for notifying the doctor? Who notifies the doctor?</li> </ol>	<ol style="list-style-type: none"> <li>1. Those physical or behavioral changes that must be reported but are not an immediate threat to the life or safety of the individual.</li>   <li>2. Notify the QP/supervisor by telephone. Contact as soon as possible for guidance.</li>   <li>3. The notification should occur immediately or within an hour if the staff is otherwise occupied so that recommendations for how to proceed can be obtained.</li>   <li>4. Document in the progress notes or on an incident report form. Your supervisor can advise as to which one.</li>   <li>5. The staff member observing the physical or behavioral change is responsible for documentation.</li>   <li>6. The notification for informing the doctor is at the discretion of the QP/PM.</li> </ol>
Frequently Asked Questions	

## 18. Procedure for communicating with the doctor:

Questions to be answered to determine the Procedure to be followed:	Information to be included in your Procedure:
<ol style="list-style-type: none"> <li>1. Who is responsible for communicating with the doctor?</li> <li>2. How/where is communication with the DOCTOR documented?</li> <li>3. How is information communicated to the doctor at the time of a routine appointment?</li> </ol>	<ol style="list-style-type: none"> <li>1. Any AFL provider may contact the doctor. For any emergencies call 911.</li> <li>2. Information from the doctor must be communicated verbally to the supervisor. AFL provider must ask for written orders to any changes in treatment.</li> <li>3. Communication with the physician at the time of a routine appointment is facilitated via the Medical Consultation Form. If additional space is needed the information can be communicated on the back of the medical consultation record. A copy is maintained in the individual's record.</li> </ol>
<p><b>Frequently Asked Questions</b></p> <ol style="list-style-type: none"> <li>1. What if the doctor gives me a verbal order to start/stop or change a medication?</li> </ol>	<ol style="list-style-type: none"> <li>1. Verbal orders cannot be taken by AFL providers. If the doctor has ordered to withhold a medication, follow the doctor's orders but inform them that you will need this in written form ASAP.</li> </ol>

Name: \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

## Test for Take Home Medication Management

(Must pass with a 80%) Each question is worth 1 point

1. **T or F** As a staff, you can decide when medications are to be given?
2. **T or F** As a staff, it is your responsibility to get clarification from the PCP in regards to all prescribed medications before leaving their office?
3. **T or F** As a staff, it is your responsibility to call your QP as soon as a medical appointment occurs to let them know of any changes, adjustments or feedback obtained from the PCP?
4. **T or F** As a staff, it is your responsibility to spot check your MAR vs. the current prescriptions for the person you support vs. what is being given for accuracy?
5. **T or F** As a staff, it is your responsibility to make sure all psychotropic medications are double locked?
6. **T or F** If you go to a pharmacy and they do not have the medications to fill a current medication order, it is ok to **not** contact your QP and the prescribing physician immediately?
7. **T or F** As a staff, it is your responsibility to attend annual medication management training provided by your provider and pass with a 80% minimum?
8. **T or F** As a staff, it is ok to store old medications in your home once they are discontinued, just in case they are prescribed at a later date?
9. **T or F** As a staff, it is your responsibility to document every medication that is given or medication that is not given on the MAR?
10. **T or F** As a staff you can give the doctor feedback, information in regards to how the consumer is doing on current medications?