

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-208</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUNT MAX'S RESPITE CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>516 LEE STREET WILSON, NC 27893</b>
--	---

(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 October 13, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p> <p>This facility is licensed for 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
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</p>	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-208</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUNT MAX'S RESPITE CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>516 LEE STREET WILSON, NC 27893</b>
--	---

(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 118	<p>Continued From page 1</p> <p>drug.</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 record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of one clients (#1). The findings are:</p> <p>Review on 10/13/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 42 year old female.</li> <li>- Admission date of 07/18/22.</li> <li>- Diagnoses of Moderate Intellectual Developmental Disability, Moderate Depressive Disorder, Cerebral Palsy and Seizure Disorder.</li> </ul> <p>Review on 10/13/22 of client #1's physician orders revealed:</p> <p>08/03/22</p> <ul style="list-style-type: none"> <li>- Baclofen (muscle spasm) 20 milligrams (mg) - 1 tablet 4 times daily.</li> <li>- Depakote (seizures) 250mg - once daily.</li> </ul> <p>06/09/22</p> <ul style="list-style-type: none"> <li>- Diclofenac Sodium 1% gel (anti-inflammatory) - apply 4 times daily.</li> <li>- Dicyclomine (irritable bowel syndrome) 10mg - 1 capsule 4 times daily.</li> <li>- Lovastatin (lowers cholesterol) 40mg - once</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-208</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUNT MAX'S RESPITE CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>516 LEE STREET WILSON, NC 27893</b>
--	---

(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 118	<p>Continued From page 2</p> <p>daily.</p> <ul style="list-style-type: none"> <li>- Meloxicam (pain reliever) 7.5mg - once daily.</li> </ul> <p>Review on 10/13/22 of client #1's August 2022 and September 2022 MARs revealed the following blanks:</p> <p>August 2022</p> <ul style="list-style-type: none"> <li>- Baclofen - 08/30/22 at 9pm.</li> <li>- Depakote - 08/30/22.</li> <li>- Lovastatin - 08/30/22.</li> <li>- Meloxicam - 08/30/22.</li> <li>- Diclofenac Sodium 1% gel - 08/30/22 at 8pm.</li> <li>- Dicyclomine - 08/30/22 at 9pm.</li> </ul> <p>September 2022</p> <ul style="list-style-type: none"> <li>- Diclofenac Sodium 1% gel - 09/08/22 at 8pm and 09/09/22 at 8am.</li> <li>- Dicyclomine - 09/09/22 at 9pm.</li> <li>- Baclofen - 09/09/22 at 9pm.</li> </ul> <p>Interview on 10/13/22 client #1 stated she received her medications daily as ordered.</p> <p>Interview on 10/13/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She did not know why the staff had not documented medications were administered.</li> <li>- She would have to discuss medication administration documentation with staff.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		