

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/07/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HOUSE AT BETHABARA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 CLYDE HAYES DRIVE</b> <b>WINSTON SALEM, NC 27106</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 December 7, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10 NCAC 27G .5600C Supervised living for Adults with Developmental Disabilities.</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><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 \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/07/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HOUSE AT BETHABARA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 CLYDE HAYES DRIVE</b> <b>WINSTON SALEM, NC 27106</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>(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, interviews, and observations, the facility failed to ensure medications were administered on the written order of a physician affecting 1 of 3 audited clients (client #3). The findings are:</p> <p>Review on 12/5/22 of client #3's record revealed: Date of Admission: 6/1/11; Diagnoses: "Autistic Spectrum Disorder, requiring very substantial support for deficits in speech and Intellectual Developmental Disabilities Severe, and Seizure Disorder. He also displays Echolalia;" Physician orders as follows dated 2/14/22: -Atenolol 50 milligram (mg), take 1 tablet by mouth once daily for blood pressure; -Fluocinolone Acetonide oil 0.01% SC, apply to ears once daily for skin; -Bactroban 2% ointment Apply topically once daily to wound for cuts; -Levetiracetam 500 mg, take 1 tablet by mouth twice daily for seizures; -Debrox 6.5% ear drops, administer 2 drops in each ear twice weekly for wax; -Petroleum Gel, apply to callous at bedtime for callous; -Ketoconazole Shampoo 2%, apply to head, scalp, and ears three times a week for dandruff;</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/07/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HOUSE AT BETHABARA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 CLYDE HAYES DRIVE</b> <b>WINSTON SALEM, NC 27106</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>-Apply lotion to both feet every day (generic lotion) for skin;</p> <p>Observation on 12/7/22 at 12:04 pm of client #3's medications on hand revealed: -Fluocinolone Acetonide Oil was not available; -Debrox expired on 10/6/22.</p> <p>Review on 12/7/22 of client #3's MARs for the months of September, October, November, and December of 2022 revealed: -Atenolol, was not documented as being administered on 12/6/22 and 12/7/22; -Fluocinolone Acetonide Oil, and Bactroban ointment were not documented as being applied on 12/6/22 and 12/7/22; -Levetiracetam was not documented as being administered the nights of 12/5/22, 12/6/22, and morning of 12/7/22; -Debrox was not documented as being administered on 12/4/22; -Debrox was documented as being administered twice weekly in October and November of 2022; -Ketoconazole was not documented as being applied on 12/5/22; -Apply lotion daily was not documented as being applied on 12/4/22, 12/5/22, and 12/6/22; -Petroleum Gel was not documented as being applied for 12/1/22 through 12/6/22.</p> <p>Interview on 12/7/22 with client #3 revealed that staff gave him his medicine daily.</p> <p>Interview on 12/7/22 with staff #2 revealed: -He did not do a good job reviewing medications with staff #1 during shift change (12/6/22); -"I was distracted this morning because two of the client's Trans-aid passes were not renewed;" -"I was told by the doctor that staff could use Vaseline in the place of the Fluocinolone</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/07/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HOUSE AT BETHABARA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 CLYDE HAYES DRIVE</b> <b>WINSTON SALEM, NC 27106</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 3</p> <p>Acetonide Oil."</p> <p>Interview on 12/7/22 with staff #1 revealed: -He may have forgotten to outline and initial the space for 12/4/22 on the MAR during transcription for Debrox; -Staff gave the Vaseline to client #3 and he puts it on his feet. If not, his feet will crack, tries to do this around 7 pm, and after dinner clean up; -On 12/5/22, Monday night client #3 received his Kepra 500 mg, "I don't know what my deal is;" -Client #3 got his medication, foot lotion, and Vaseline around the same time. -"I'm used to lotions being PRN (as needed) but [client #3] gets these daily."</p> <p>Interview on 12/7/22 with the Qualified Professional revealed: -She was unaware of any issues with the medications.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		