

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2022
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NAME OF PROVIDER OR SUPPLIER RUSMED III	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 ORCHARD POND DRIVE RALEIGH, NC 27616
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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
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V 000	INITIAL COMMENTS An annual survey was completed on 11/22/22. Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 3.	V 000		
V 118	27G .0209 (C) Medication Requirements 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, 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	V 118		

DHSR - Mental Health

DEC 19 2022

Lic. & Cert. Section

SIGNATURE

TITLE

(X6) DATE

[Signature] BA, M.D., CEO

12/19/22

Q5Z911

If continuation sheet 1 of 3

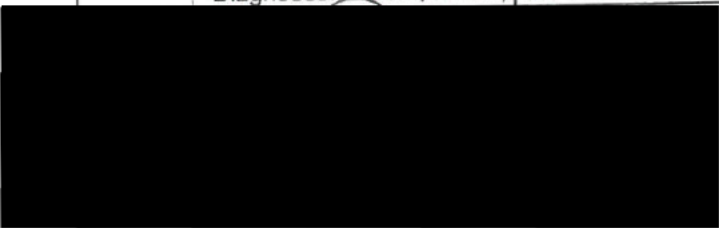
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V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician (#3) and keep the MARs current affecting two of three audited clients (#2). The findings are:</p> <p>Review on 11/22/22 of client #3's record review revealed: -Admitted: -Diagnoses: -No physician orders -Lorazepam Tab 1 mg, take 1 tab by mouth three times daily -Dival Proex 1000mg, take 2 tablets by mouth once daily -Quetiapine tab 100mg, take 1 by mouth at bedtime -Vitamin D2 50,000 IU, take 1 capsule by mouth once weekly</p> <p>Review on 11/22/22 of client #3's October and November 2022 MARs revealed: -Medications documented as administered October 1-31 and November 1-22, 2022</p> <p>Review on 11/22/22 of client #2's record review revealed: -Admitted: 3/1/16 -Diagnoses: Autism, Mild Mental Retardation,</p>	V 118	<p>RusMed III staff will comply 12/19/22 with rule IDANCAC 296.0209 Medication Requirements.</p> <p>The Qualified Professional and Lead Group Home Staff obtained all of the Physician Orders identified. MARs were brought into compliance to match Physician Orders. An incident report was completed.</p> <p>RusMed III Group Home Manager, Lead Staff and /or nurse will obtain Physician orders for compliance.</p>	
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6899 Q52911
12/19/22

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V 118	<p>Continued From page 2</p> <p>Mood Disorder, Cerebral Palsy and Attention Deficit Hyperactivity Disorder</p> <p>Review on 11/22/22 of client #2's November 2022 MAR revealed: -Vitamin D2 1.25 milligram (mg) (low vitamin d) -Multivitamin daily-vite tablet (prevent vitamin deficiency) -Docusate sodium 100 mg (constipation) -Medications were not documented as given November 1-22, 2022</p> <p>Observation on 11/22/22 at 12:30pm of client #2's medications revealed: -Medications were not available in client # 2's medication bin, medications were in the overflow medication box.</p> <p>Interview on 11/22/22 the Licensee stated: - Had not checked the medication since the previous home manger had left - Will check the MAR more while interim home manager working at the home</p>	V 118	<p><i>RusMed III staff will comply 12/19/22 with rule 10A NCAC 27C.0209 Medication Requirements. Medications and MARs will be reviewed at the beginning of each shift to ensure all medications are administered and initiated by the appropriate staff. All current medications will be kept in each client medication bin. The Group Home Manager and lead staff will ensure compliance by weekly reviews. RusMed III nurse will ensure compliance by monthly reviews.</i></p>	

Treatment:

Long term use of drug

Lab: CBC With Differential/Platelet (Ordered for 01/04/2023)

Lab: CMP14+1AC+Mg (Ordered for 01/04/2023)

Lab: TSH (Ordered for 01/04/2023)

Lab: Lipid Panel (Ordered for 01/04/2023)

Lab: Valproic Acid (Depakote).S (Ordered for 01/04/2023)

Lab: Prolactin (Ordered for 01/04/2023)

Notes: Assess: Denies residual symptoms. Advice: will obtain labs on 1/4/2023 and follow up appointment the following well. Caretaker to sign a release form to obtain medical records. Will provide a patient summary visit with the list of current medications. Agreed: Client and caretaker in agreement with recommendations Arrange: Follow up in 6 weeks.

Schizoaffective disorder

Continue Paliperidone ER Tablet Extended Release 24 Hour, 9 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30 Tablet, Refills 4, Notes: PM

Mood disorder

Continue QUETiapine Fumarate Tablet, 100 MG, 1 tablet at bedtime, Orally, Once a day, 30 days, 30 Tablet, Refills 4, Notes: PM

Continue Divalproex Sodium ER Tablet Extended Release 24 Hour, 500 MG, 2 tablets, Orally, Once a day, 30 days, 60 Tablet, Refills 4, Notes: PM

Anxiety

Continue FLUoxetine HCl Tablet, 60 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 4, Notes: AM

Continue LORazepam Tablet, 1 MG, 1 tablet, Orally, three times a day, 30 days, 90 Tablet, Refills 4

Procedure Codes:

G0467 FQHC VISIT ESTABLISHED PATIENT

Follow Up:

fasting labs 01/4/2023/ RTC

Care Plan:

Problems:

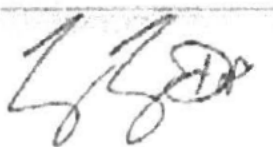
Billing Information:

Visit Code:

99213 Office visit, est patient, Level 3.

Procedure Codes:

G0467 FQHC VISIT ESTABLISHED PATIENT.



Electronically signed by [REDACTED] on 11/30/2022 at 01:48 PM EST

Sign off status: Completed

To: Walgreens Drugstore #18038
7505 LOUISBURG RD (NEC OF PERRY CREEK ROAD & LOUISBURG).
RALEIGH, NC 27616-452 Tel: (919) 876-1120 Fax: (919) 876-1602 NCPDP ID:



NPI: 1477717445 Lic. #: 0100095



RX
Vitamin D₂ 1,250 mcg (50,000 unit) capsule
Dispense ***fifteen) capsule
Sig.
TAKE ONE CAPSULE BY MOUTH WEEKLY
Days Supply: 90 days
USE Rx DISCOUNT CARD: \$11.22, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DF302836FA
Refills: **2**(two)
Security Features:
1. Quantities are bordered with asterisks and spelled out.
2. Microprinted line between practice information and patient name,
visible at 5X magnification: "THIS IS AN ORIGINAL PRESCRIPTION".
3. Description of security features is printed on prescription.

Product Selection Permitted Dispense As Written
Serial No. 63-63698853286 Issued at 03:38 PM on Wednesday, December 14, 2022 EST
Patient Allergies: Norvasc (Unknown)