

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL033-115</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>02/07/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHERROD ALTERNATIVE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1233 SYCAMORE STREET<br/>ROCKY MOUNT, NC 27801</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 2/7/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category:10A NCAC 27G .5600F Supervised Living Alternative Family Living in a Private Residence</p> <p>This facility is licensed for 3 and currently has a census of 3. 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</p> | V 118         |   |                    |

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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>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:<br/>Based on record review and interview the facility failed to keep MARs current and have current physician's orders for 1 of 3 client (#1). The findings are:</p> <p>Review on 2/02/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/30/17</li> <li>- diagnoses Profound Intellectual functioning Disability, Cerebral Palsy, Seizure disorder, Malnutrition, Dysphagia , Drooling lesion Contractures Quadriplegia and Seasonal Allergies</li> <li>- treatment plan dated 8/9/21 stated client #1 "drinks 3 cans of ensure per day as a nutritional supplement to maintain his wellbeing throughout this habilitation year."</li> </ul> <p>Review on 2/2/23 of client #1's December 2022 , January 2023 and February 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Ensure not listed on the MARs</li> </ul> <p>Interview on 2/2/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she was not aware that the Ensure was a medication</li> <li>- the doctor sent the prescription directly to the pharmacy</li> </ul> | V 118         |   |                    |

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| V 118              | <p>Continued From page 2</p> <p>Interview on 2/2/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- ensure should be listed on the MAR</li> <li>- she had not reviewed the MAR</li> </ul> <p>B. Review on 2/2/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/30/17</li> <li>- diagnoses Profound Intellectual functioning Disability, Cerebral Palsy, Seizure disorder, Malnutrition, Dysphagia , Drooling lesion Contractures Quadriplegia and Seasonal Allergies</li> <li>- No physician orders</li> </ul> <p>Review on 2/2/23 of an December 2022 &amp; January 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- polyethylene glycol powder (constipation) take 17 gm (dissolved in water) by mouth daily</li> <li>- lamotrigine 50mg ( epilepsy) Take one tab by mouth twice a day</li> </ul> <p>Interview on 2/2/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- client #1 received his medications daily</li> <li>- since covid the doctor called the prescriptions into the pharmacy</li> </ul> <p>Interview on 2/2/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- there should be a copy of all physician's orders kept in the client chart</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118         |   |                    |