

SPT

PRINTED: 01/24/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/04/2023
NAME OF PROVIDER OR SUPPLIER SECOND STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH SECOND STREET MEBANE, NC 27302		
(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	INITIAL COMMENTS An annual and follow up survey was completed on January 4, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	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.	V 118		

DHSR - Mental Health

FEB 13 2023

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE

STATE FORM

(X6) DATE

A, OP/AD II 2/7/2023
If continuation sheet 1 of 4

Division of Health Service Regulation

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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 record reviews, observation and interview the facility failed to: A) Administer medications as prescribed for 1 of 3 audited clients (Client #1) and B) Ensure the MAR was current affecting 2 of 3 audited clients (Client #1 and Client #2). The findings are:</p> <p>Review on 1/4/23 of Client #1's record revealed: -Admission date of 10/8/12. -Diagnoses of Schizophrenia Disorder, Benign Essential Hypertension, Active Autistic Disorder, Dyslipidemia, Moderate Mental Retardation, Dysmetabolic Syndrome, Vitamin D Deficiency.</p> <p>Review on 1/4/23 of Client #1's physician's orders dated 12/30/22 revealed: -Azithromycin tablet 250 milligrams (mg) (bacterial infections) - take 2 tablets on day 1, then 1 tablet once daily on days 2 through 5 by mouth. -Fexofenadine HCL 180 mg (allergy symptoms) - take 1 tablet once daily. -No discontinue order for Fexofenadine HCL 180 mg (allergy symptoms) - take 1 tablet once daily.</p> <p>Observation on 1/4/23 at 12:30 pm of Client #1's medications revealed: -Azithromycin 250 mg - was not available.</p>	V 118	<p>(V118) On 1/5/23 The house staff contacted the pharmacy and were able to get the listed medication d/c. Corrections were also corrected on the MAR's. Please see attached D/C order form.</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SECOND STREET GROUP HOME

**700 SOUTH SECOND STREET
MEBANE, NC 27302**

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V 118	<p>Continued From page 2</p> <p>-Fexofenadine HCL 180 mg - was not available.</p> <p>Review on 1/4/23 of Client #1's MARs for November 1, 2022 through January 4, 2023 revealed:</p> <p>-November 2022:</p> <p>-Azithromycin tablet 250 mg - take 2 tablets on day 1, then 1 tablet once daily on days 2 through 5 by mouth - was initialed as having been administered from 11/1-11/30.</p> <p>-Fexofenadine HCL 180 mg - take 1 tablet once daily- was initialed as having been administered from 11/1-11/30.</p> <p>-December 2022:</p> <p>-Azithromycin tablet 250 mg - take 2 tablets on day 1, then 1 tablet once daily on days 2 through 5 by mouth - was initialed as having been administered from 12/1-12/31.</p> <p>-Fexofenadine HCL 180 mg - take 1 tablet once daily- was initialed as having been administered from 12/1-12/31.</p> <p>-January 2023:</p> <p>-Azithromycin tablet 250 mg - take 2 tablets on day 1, then 1 tablet once daily on days 2 through 5 by mouth - was initialed as having been administered from 1/1-1/4.</p> <p>-Fexofenadine HCL 180 mg - take 1 tablet once daily- was initialed as having been administered from 1/1-1/4.</p> <p>Review on 1/4/23 of Client #2's record revealed:</p> <p>-Admission date of 5/16/22.</p> <p>-Diagnoses of Autism Disorder, Cortical Vision Impairment, Cerebral Palsy Unspecified and Severe Intellectual Developmental Disability.</p> <p>Review on 1/4/23 of Client #2's physician's order dated 5/12/22 revealed:</p> <p>-Triamcinolone Cream 0.1% (skin conditions) - apply to affected area twice daily, 7am and 7pm.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 1/4/23 of Client #2's MARs for November 1, 2022 through December 31, 2022 revealed no documentation of medication administration for the following dates:</p> <p>November 2022</p> <p>-Triamcinolone Cream - 11/1-11/16 (7 am and 7 pm), 11/17 (7 am), 11/18 (7 pm), 11/19-11/23 (7am and 7pm), 11/24 (7 am), 11/26 (7 pm), 11/27-11/28 (7 am and 7 pm), 11/29 (7 am), 11/30 (7 pm).</p> <p>December 2022</p> <p>-Triamcinolone Cream -12/2-12/4 (7am), 12/5 (7pm), 12/6-12/14 (7 am), 12/16-12/21 (7 pm), 12/26 (7 pm) and 12/27-12/31 (7 pm).</p> <p>Interview on 1/4/23 with the Assistant Director revealed:</p> <p>-Was recently hired in August 2022.</p> <p>-Facility did not have a discontinue order for Client #1's Azithromycin and Fexofenadine but it seemed the medications were discontinued before she started working at the home.</p> <p>-She believed that Client #1's Azithromycin and Fexofenadine was discontinued but that staff continued to initial them on the MARs.</p> <p>-She was not aware that there were blanks on Client #2's MARs.</p> <p>-The Qualified Professional was responsible for reviewing the MARs.</p> <p>-The Qualified Professional also recently started working at the agency in August 2022.</p> <p>-The Qualified Professional confirmed errors on the MARs.</p> <p>-The facility failed to ensure medications were available and the MAR was current.</p>	V 118	<p>(V 118)</p> <p>On 1/9/23 Nurse completed a medication training with the house staff. please see attached medication training verification form.</p> <p>On 1/25/23 during a quarterly meeting Nurse trained across the board over the whole CRSS team. Please see attached medication training form.</p> <p>As of 2/9/23 Nurse will be having a required medication training to all supervisors (OP's) of the CRSS team.</p>	

1/9/2023

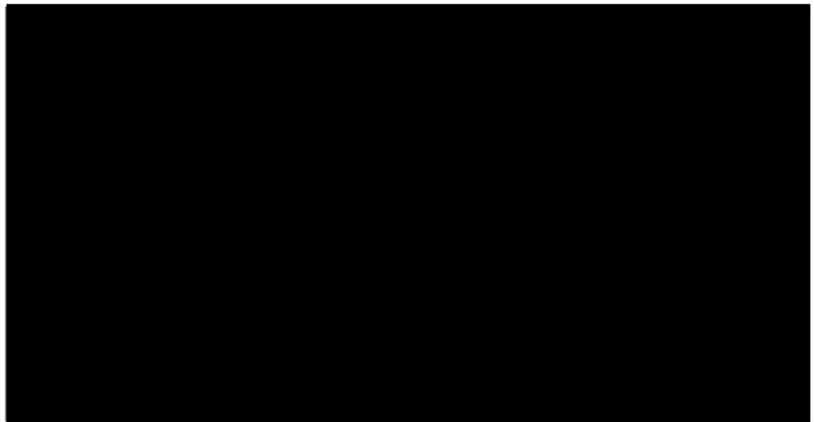
Training verifications

Medication administration

- o Mock med pass + documentation
 - reconcile MAR to MCT pack
 - topicals
- o Discontinue medication
- o Med not in home
- o Client out of facility - therapeutic leave
- o Omitted medications
- o Refused medication

MARs reconcile @ end of month

Standard abbreviations



RS-SECO

FO

ADDRESS

DATE

1/5/23

Rx

D/C - Zithromax &

Altegra

REFILL TIMES

DR.

VISS

DEA NO.

Destiny

ADDRESS

RXB-LW-1



DocID828363