

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PASSIONATE CARE HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 WALNUT CREEK DRIVE CLAYTON, NC 27520</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, complaint and follow up survey was completed on 2/22/23. The complaint was unsubstantiated (Intake #00198006). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for three and currently has a census of one. The survey sample consisted of audits of one current and two deceased 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>	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>(E) name or initials of person administering the drug. (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 review and interview the facility failed to ensure physician's orders were followed for two of three audited clients (Deceased Client [DC] #1 and DC #2). The findings are:</p> <p>A. Review on 2/6/23 of DC #1 revealed: -Admission date of 10/3/19 -Diagnoses of Schizoaffective Disorder, Bipolar Type and Hypertension -Deceased Date 1/23/23</p> <p>Review on 2/6/23 of DC #1's physician order dated 11/21/22 revealed the following, -"Check Blood Pressure Daily for monitoring"</p> <p>Review on 2/6/23 of DC #1's Blood Pressure Log revealed: -No documentation on 12/23/22, 12/24/22, and 12/24/22 of blood pressure checks.</p> <p>B. Review on 2/6/23 of DC #2 revealed: -Admission date of 11/20/21 -Diagnoses of Schizoaffective Disorder -Deceased date of 2/1/23</p> <p>Review on 2/6/23 of DC #2 physician order dated</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>10/31/22 revealed: -"Check blood sugar every morning"</p> <p>Review on 2/6/23 of DC #2 Medication Administration Record (MAR) revealed: -No documentation of blood sugar checked on 12/23/22, 12/31/22, 1/6/23, 1/8/23, 1/16/23, and 1/18/23</p> <p>Interview on 2/6/23 staff #1 stated: -She worked in the facility on a rotation with staff #2 where they worked several days on and several days off. -Always checked DC #1 and DC #2 blood sugar and blood pressure daily. -May not have always written down as she was usually checking all three clients blood pressure daily and giving out medications at that time. -DC #1 and DC #2 had been stable with their blood pressure and blood sugar in recent weeks.</p> <p>Interview on 2/6/23 the Licensee stated: -Would check the MAR's weekly. -Will make sure the staff document all vital checks.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 2/6/23 at 1:30 PM revealed: -Broken kitchen drawer -Carpet throughout the home ripped, stained and frayed. -Towel rack in client bathroom. -Dirty stained walls in client bathroom. -Sunken mattress in client #3's bedroom.</p> <p>Interview on 2/6/23 the Licensee stated: -Had planned to have all the carpet pulled up and new flooring put in. -Needs to deep clean and paint walls. -Was not aware of client #3's mattress being sunk in. -The kitchen cabinet had broken off yesterday. -Will get all repairs completed.</p>	V 736		