

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIPPARD LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012
--	---

(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>INITIAL COMMENTS</p> <p>An annual survey was completed on December 20, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A 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>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">FEB 27 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

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: MHL034-174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIPPARD LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012
--	---

(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, observations, and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 1 of 3 clients (client #3). The findings are:</p> <p>Review on 12/15/22 of client #3's record revealed: -Date of Admission: 1/24/06; -Diagnoses: "Major Neurocognitive Disorder due to Traumatic Brain Injury, Attention Deficit -Hyperactivity Disorder, Moderate Intellectual Developmental Disabilities, and Bipolar Disorder I, most recent episode depressed;" -Physician order as follows dated 2/1/22: -Erythromycin/Benzoyl Peroxide 3-5% Topical Gel, apply topically at bedtime for acne.</p> <p>Observation on 12/15/22 at 2:26 pm of client #3's medications on hand revealed: -Erythromycin/Benzoyl Peroxide 3-5% expired on 10/29/22.</p> <p>Review on 12/12/22 of client #3's MARs for November and December of 2022 revealed: -Erythromycin/Benzoyl Peroxide 3-5% was documented as being applied nightly in November of 2022.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIPPARD LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012
--	---

(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>-Erythromycin/Benzoyl Peroxide 3-5% was documented as being applied 12/1/22 through 12/19/22.</p> <p>Interview on 12/20/22 with client #3 revealed that staff administered her medication daily.</p> <p>Interview on 12/20/22 with staff #1 revealed: -"The Program Manager is responsible for reordering medication."</p> <p>Interview on 12/20/22 with the Program Manager revealed: -"I and [staff #1] are responsible for reordering medications;" -"I was aware that one of the face creams had expired but unaware of the other one. He will send them both back to the pharmacy;" -He did not catch it and no one else told him that the medicine had expired.</p>	V 118		



Response To Deficiencies/Lippard Lodge

February 22, 2023

Id Prefix Tag V 188

Deficiencies:

1. At the time of the survey, it was determined that Lippard Lodge failed to ensure medications were administered on the written order of a physician affecting 1 of 3 clients

Corrective Action:

As part of the correction, Lippard Lodge will ensure all client medications will be administered per the written order of a physician as evidenced by the following:

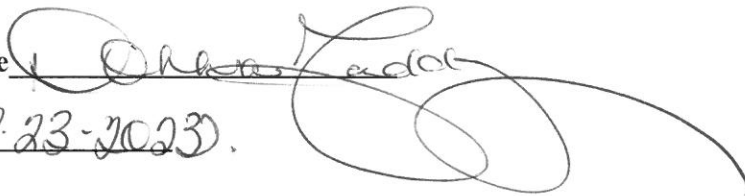
-Direct Care Workers will review medication orders monthly to assure physician orders are up to date. A form has been created to check order expiration dates and to prompt staff members to start the process of obtaining a new order when needed. The form will be completed by the 5th of each month and reviewed by Program Manager, DeForrest Lagrone or Program Director, Donna Gaddy.

-Program Director, Donna Gaddy will lead an in-service training that covers updated procedures with all staff members.

Completion Date:

February 20th, 2023, is the completion date for the medication tracking form and updated procedures.

February 20th, 2023, staff members were trained and updated on procedures with medications.

Signature 
Date 2-23-2023.