

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/27/2023
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NAME OF PROVIDER OR SUPPLIER ST MARK'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3735 HERITAGE MEADOW LANE HOLLY SPRINGS, NC 27540
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/27/23. 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 nine and currently has four clients. The survey sample consisted of three 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		

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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>(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 interview and record review the facility failed to ensure one of three clients (#1) were administered on the written order of a physician. The findings are:</p> <p>Review on 2/23/23 of client #1's record revealed: -Date of Admission is 7/2000 -Diagnoses of Moderate Mental Retardation, Speech Impediment, Constipation and High Cholesterol</p> <p>Review on 2/23/23 of client #1's physician order dated 3/11/22 revealed "Clotrimazole Cream 1% PRN (as needed)"</p> <p>Review on 2/23/23 of client #1's medications, the Clotrimazole Cream was not present.</p> <p>Interview on 2/23/23 staff #1 stated: -Client #1 had not used the cream in a long time as it was very expensive. -The cream was used for a rash between his toes. -When he did use the cream, it did not work. -Planned to ask the physician to prescribe a new cream that will work better.</p>	V 118		

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V 121	Continued From page 2	V 121		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three clients (#2's) had a drug regimen review for psychotropic medications. The findings are:</p> <p>Review on 2/23/23 of client #2's record revealed: -Date of Admission is 11/03 -Diagnoses of Mild Mental Retardation, Gerd, Hyperthyroidism, Hyperlipidemia and Paranoia</p> <p>Review on 2/23/23 of client #2's physician order dated 10/14/22 for Quetiapine Fumarate 50 mg (schizophrenia)</p> <p>Further review on 2/23/23 of client #2's record revealed no psychotropic drug review.</p> <p>Interview on 2/23/23 Staff #1 stated:</p>	V 121		

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V 121	Continued From page 3 -Had not had pharmacist to come out since summer of 2001. -They had been short staffed due to Covid 19. -During Covid, she could not get them to come out. -Will contact them to come out to review medications.	V 121		