

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/17/2023
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NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
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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 February 17, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 4 clients. 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 (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.</p>	V 118	<p>V 118</p> <p>The nurse will update Medication Administration Record for client #2. All Medication Administration Records will be reviewed monthly by the nurse responsible to ensure they are correct. The nurse will in-service all staff on the medication errors and reporting procedures. The clinical team will monitor 1x a week for 1 month and then on a routine basis by checking the Medication Administration Record to ensure all medication errors are reported timely. In the future nursing will ensure medications are listed on the Medication Administration Record per the physician orders and staff report medication errors timely.</p> <p>By: 4/18/23</p>	

Division of Health Service Regulation

LABORATORY REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FOR

6899

4YK911

Reginal Vice President 2/24/23

If continuation sheet 1 of 5

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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 observation, record review and interview the facility failed to ensure the Medication Administration Records (MARs) were kept current and failed to administer medications to the client as prescribed for one of three audited clients (#2). The findings are:</p> <p>Review on 2/16/23 of Client #2's record revealed: -Admitted on 9/1/17. -Diagnoses of Intellectual Developmental Disability (IDD), Mild, Other specified Depressive Disorder, Corticobasal Disease, Seizure Disorder, Dystonia, Syncope and Collapse/Fainting, Migraine, History of Obstructive Sleep Apnea, Dysphagia, Gastroesophageal Reflux Disease, Hiatal Hernia, Arthritis, Chronic back pain, and Cerebrovascular Accident secondary to Parkinsonism. -1/26/23 physician's order for Hydrochlorot (diuretic) 12.5 milligrams (mg) 1 tablet every day - if Systolic Blood Pressure is less than 110 hold and notify nurse.</p> <p>Observation on 2/16/23 at 2:50 pm of Client #2's medication revealed: - Hydrochlorot 12.5mg 1 tablet every day - if Systolic Blood Pressure is less than 110 hold and notify nurse.</p>	V 118		

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V 118	Continued From page 2 -Pills were punched out of the bubble pack from 2/2/23 through 2/16/23 and had Staff #1's initials next to the opened slots. - 2/1/23 dose remained in the bubble pack. Review on 2/16/23 of Client #2's February 2023 "Vital Signs Flow Sheet" revealed: - Her blood pressure was not recorded on 2/1/23. Review on 2/16/23 of Client #2's MARs from 1/26/23 to present date revealed: -The Hydrochlorot 12.5 mg was not listed. Interview on 2/17/23 with Staff #1 revealed: -When giving medications she compared the MAR to the medication bubble pack to make sure it matched. -She did not notice Client #2's Hydrochlorot was not listed on the MARs. Interview on 2/16/23 with Staff #2 revealed: - She had given the Hydrochlorot to Client #2 as prescribed. - She hadn't recognize that the medication was not listed on the MARs. - She would ensure Client #2's Hydrochlorot would be added to the MAR. - 2/1/23 was the day she was sick and left work early. Interview on 2/17/23 with the Registered Nurse revealed: -She was not aware Client #2's Hydrochlorot was not listed on the MARs. -She was not aware the 2/1/23 dose had not been given.	V 118			
V 123	27G .0209 (H) Medication Requirements	V 123			

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V 123	Continued From page 3 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that medication errors were reported immediately to a physician or pharmacist for one of three audited clients (#2). The findings are: Review on 2/16/23 of Client #2's record revealed: -Admitted on 9/1/17. -Diagnoses of Intellectual Developmental Disability (IDD), Mild, Other specified Depressive Disorder, Corticobasal Disease, Seizure Disorder, Dystonia, Syncope and Collapse/Fainting, Migraine, History of Obstructive Sleep Apnea, Dysphagia, Gastroesophageal Reflux Disease, Hiatal Hernia, Arthritis, Chronic back pain, and Cerebrovascular Accident secondary to Parkinsonism. -1/26/23 physician's order for Hydrochlorot (diuretic) 12.5 milligrams (mg) 1 tablet every day - if Systolic Blood Pressure is less than 110 hold and notify nurse. Observation on 2/16/23 at 2:50 pm of Client #2's	V 123	V 123 Cross Reference V 118	

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V 123	Continued From page 4 medication revealed: - Hydrochlorot 12.5mg 1 tablet every day - if Systolic Blood Pressure is less than 110 hold and notify nurse.. - 2/1/23 dose remained in the bubble pack. Review on 2/16/23 of Client #2's February 2023 "Vital Signs Flow Sheet" revealed: - Her blood pressure was not recorded on 2/1/23. Interview on 2/16/23 with Staff #2 revealed: -She worked the morning of 2/1/23, but that was the day she was sick and left work early. Interview on 2/17/23 with the Registered Nurse revealed: -She was not aware the 2/1/23 dose had not been given. -Staff should have notified her and reported the medication error to her. -She would have done an incident report and notified the physician had she known.	V 123		

February 24, 2023

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. [REDACTED],

Enclosed you will find the plan of correction for the deficiencies cited at the annual on-site survey at Hensley House on 2/17/23. All corrections will be completed by 4/18/23. Thank you for your time and attention. Please do not hesitate to call with questions regarding the plan of correction.

Sincerely,

[REDACTED]