Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL044-035	A. BUILDING: ______ B. WING ______	03/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD COUNTY GROUP HOME #2	**226 SOLITARY MEADOW CIRCLE WAYNESVILLE, NC 28786**

(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 survey was completed on March 24, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The 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 123	27G .0209 (H) Medication Requirements 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 medication errors were reported immediately to a physician or pharmacist for 2 of 3 audited clients (Clients #1 and #3). The findings are: Review on 3/24/23 of Client #1's record revealed: -Admitted 7/1/16. -Diagnoses of Moderate Intellectual	V 123		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 123	Continued From page 1 Developmental Disability (IDD), Fetal Alcohol Syndrome, Rheumatoid Arthritis, Scoliosis, and Congenital Heart Disease. -10/27/22 physician's order for Ferrous Sulfate (iron supplement) 325 milligrams (mg) - 1 tablet every day. Observation on 3/23/23 at 10:24 a.m. of Client #1's medications revealed: -Ferrous Sulfate 325 mg - 1 tablet every day - dispensed 3/8/23. Review on 3/24/23 of Client #3's record revealed: -Admitted 6/1/10. -Severe IDD, Gastroesophageal Reflux Disease, Anxiety Disorder, Bipolar Disorder, Conversion Disorder with Seizures, Hypothyroidism, Other primary Thrombocytopenia, Enuresis, Encopresis, Unspecified Exotropia, Other Seasonal Allergic Rhinitis, Constipation, and Other specified Urinary Incontinence. -1/24/23 - physician orders - Divalproex (anticonvulsant) ER (Extended Release) 500 mg - 1 tablet 3 times a day. Observation on 3/23/23 at 10:33 a.m. of Client #3's medications revealed: -Divalproex ER 500 mg - 1 tablet 3 times a day- dispensed 2/8/23. Review on 3/23/23 of the facility "General Event Reports" for January 2023 to present date revealed the following medication errors: -3/20/23 - Client #1 was to receive Ferrous Sulfate at 4:00 p.m.; She received her medication 3 hours late. -3/20/23 - Client #3 was to receive Divalproex ER 500 mg at 3:00 p.m.; She did not receive her medication. -Both reports indicated the Qualified Professional	V 123		

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V 123	Continued From page 2 (QP) was notified on 3/20/23 at 7:00 p.m. -Both reports indicated "No" to "Prescriber Notified." Interviews on 3/23/23 and 3/24/23 with the QP revealed: -She became aware of the medication errors that same evening at 7:00 p.m. -She called the pharmacist but did not document it. -The pharmacist said to continue the medications as ordered. -She did not want to adjust the report since the staff member who made the error was responsible to complete it. -She had already notified the staff member responsible for not completing the notifications and would ensure this did not happen in the future.	V 123		