Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND DUAN OF CORRECTION (I) IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		A. BUILDING:		.	R	
MHL098-167			B. WING	B. WING 04/2		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	)MF #4	NEVIEW AVEN I, NC 27893	IUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	тѕ	V 000			
	An annual, complaint and follow up survey was completed on April 21, 2023. The complaint was unsubstantiated (Intake #NC00200262). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
		sed for 6 and currently has a survey sample consisted of clients.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	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	, and quantity of the drug; administering the drug; he drug is administered; and				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY PLETED		
JUST EAR OF GOTALESTICK		A. BUILDING:					
	MHL098-167		B. WING			⋜ 21/2023	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
W. 00N	COUNTY OROUR U	NAT #4	1502 PINE	EVIEW AVEN	UE		
WILSON	COUNTY GROUP HO	DIVIE #4	WILSON,	NC 27893			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	 nae 1		V 118			
VIII	(E) name or initials drug. (5) Client requests checks shall be recifile followed up by a with a physician.	of person adr for medication corded and ke	n changes or pt with the MAR	VIII			
	This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to administer medications as ordered by the Physician affecting 2 of 3 audited clients (#3 and #6) and to keep the MARs current for 1 of 3 audited clients (#3). The findings are:  Review on 4/20/23 of client #3's record revealed: - 26-year-old admitted 7/26/16 Diagnoses included Intellectual/Developmental Disability, mild; Schizoaffective Disorder, bi-polar type Physician's orders signed 9/01/22 for the following:  Benztropine (treats side effects of other medications) 1 milligram (mg) 1 tablet at bedtime Fluticasone (allergy symptoms) 50 micrograms (mcg) 2 sprays each nostril daily Hydrochlorothiazide (HCTZ) (high blood						
	pressure) 25 mg 1 Loratadine (and daily Norethindrone problems, endome Therems-M (m Triamcinolone	tihistamine) 1( (birth control, triosis) 0.35 m ulti-vitamin) 1	mg 1 tablet menstrual g 1 tablet daily tablet daily				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
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MHL098-167			B. WING		1	04/21/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILSON	COUNTY GROUP HO	IMF #4	VIEW AVEN NC 27893	IUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 118	dermatitis) "apply to day "  - No physician's ord Ointment to be apply Review on 4/20/23 February - April 202 - Transcription for apply eternally twice - Transcriptions for above.  - Circled staff initial administrations of the HCTZ, loratadine, rand Triamcinolone documented " EUnavailable " for medications.  - Blank 2/01/23 for documented expland Commented Expland Comme	der for Triamcinolone 0.1% died as needed.  of client #3's MARs for 23 revealed: Triamcinolone 0.1% Ointment be daily as needed." other medications as listed as for 4/01/23 7:00 am penztropine, fluticasone, norethindrone, Therems-M, 0.1% ointment with each of the above norethindrone with no nation.  O/23 at 3:00 pm of client #3's needed: 1 tablet at bedtime. Of 2 sprays each nostril daily. Diet every morning. So mg 1 tablet daily. The daily. The daily ointment apply twice daily at 4/20/23 client #3 stated: The morning and 2 at night." The daily are available "almost every were available "almost every"	V 118				
	- 41-year-old admit						

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WILSON	COUNTY GROUP HO	)MF #4	EVIEW AVEN NC 27893	UE		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
V 118	Continued From pa	ige 3	V 118			
	Hypertension Physician's orders following:     Aspirin (prevension as a spirin (prevension as a spirin as a spi	es) 5 mg 1 tablet daily (iron deficiency) 325 mg 1 health) 1000 mg 1 capsule a) 44 mcg 1 puff twice daily mg 1 tablet daily petes) 500 mg 2 tablets daily ression) 25 mg 1 tablet daily amin deficiency) 2000 iu) 1 capsule twice daily ressure twice daily				
	February - April 202 - Transcriptions as - Circled staff initial administrations of a sulfate, fish oil, Flor sertraline, and vitar am blood pressure check; with docume Medication Unavail - Circled staff initial administrations of lesertraline, and vitar Exceptions Medication on 4/2 medications on har	listed above. s for 4/01/23 7:00 am aspirin, Farxiga, ferrous vent, loratadine, Metformin, min D3; and for 4/01/23 7:00 check and monthly weight ented " Exceptions able" for each medication. s for 3/01/23 7:00 am oratadine, Metformin, min D3 with documented " dication Unavailable " for  0/23 at 2:45 pm of client #6's and revealed: ablet every morning.				

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MHL098-167  NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #4  STREET ADDRESS, CITY, STATE, ZIP CODE  ### 1502 PINEVIEW AVENUE WILSON, NC 27893  [X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	AND BUAN OF CORRECTION DENTIFICATION NUMBER					DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  WILSON COUNTY GROUP HOME #4  1502 PINEVIEW AVENUE WILSON, NC 27893  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 4  - Ferrous sulfate 325 mg 1 tablet daily Fish Oil 1000 mg 1 capsule twice daily Flovent 44 mcg 1 puff twice daily Flovent 44 mcg 1 puff twice daily Wetformin 500 mg 2 tablets daily Sertraline 25 mg 1 tablet daily Wetformin 500 mg 2 tablets daily Sertraline 25 mg 1 tablet daily Her medications were available "most of the time."  - The pharmacy sometimes delivered medication late If a medication was delivered late, she would take it late.  During interviews on 4/20/23 and 4/21/23 the Group Home Manager/Qualified Professional stated: - She was responsible for reconciling medications - She was responsible for reconciling medications							
WILSON COUNTY GROUP HOME #4  1502 PINEVIEW AVENUE WILSON, NC 27893  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 4  - Ferrous sulfate 325 mg 1 tablet daily Fish Oil 1000 mg 1 capsule twice daily Flovent 44 mcg 1 puff twice daily Flovent 44 mcg 1 puff twice daily Sertraline 25 mg 1 tablet daily Sertraline 25 mg 1 tablet daily Wetformin 500 mg 2 tablets daily She self-administered her medications Her medications were available "most of the time." - The pharmacy sometimes delivered medication late If a medication was delivered late, she would take it late.  During interviews on 4/20/23 and 4/21/23 the Group Home Manager/Qualified Professional stated: - She was responsible for reconciling medications			MHL098-167	B. WING		04/2	1/2023
WILSON COUNTY GROUP HOME #4  WILSON, NC 27893    (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY)    V 118   Continued From page 4   V 118    - Ferrous sulfate 325 mg 1 tablet daily.	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 4  - Ferrous sulfate 325 mg 1 tablet daily Fish Oil 1000 mg 1 capsule twice daily Flovent 44 mcg 1 puff twice daily Metformin 500 mg 2 tablets daily Sertraline 25 mg 1 tablet daily Vitamin D3 2000 iu 1 capsule twice daily.  During interview on 4/20/23 client #6 stated: - She self-administered her medications Her medications were available "most of the time."  - The pharmacy sometimes delivered medication late If a medication was delivered late, she would take it late.  During interviews on 4/20/23 and 4/21/23 the Group Home Manager/Qualified Professional stated: - She was responsible for reconciling medications	WILSON	COUNTY GROUP HO	)MF #4		IUE .		
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transcriptions on the MARs and the Physicians' orders.  - Medications were always available unless the pharmacy failed to deliver them.  - The facility recently changed to a new pharmacy because the previous pharmacy delivered medications late.  - When medications were not delivered in time for administration she did an incident report and contacted the pharmacy or the physician for instructions.  - The facility had no further issues with medication delivery since the pharmacy change.	V 118	- Ferrous sulfate 32 - Fish Oil 1000 mg - Flovent 44 mcg 1 - Loratadine 10 mg - Metformin 500 mg - Sertraline 25 mg - Vitamin D3 2000 i  During interview on - She self-administe - Her medications witime." - The pharmacy sollate If a medication watake it late.  During interviews of Group Home Manastated: - She was responsified delivered by the phetranscriptions on thorders Medications were pharmacy failed to - The facility recent because the previous medications late When medication administration she contacted the pharminstructions The facility had not the contacted the pharminstructions.	25 mg 1 tablet daily. 1 capsule twice daily. puff twice daily. 1 tablet daily. 2 tablets daily. 1 tablet daily	V 118			

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