

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>P &amp; W GROUP HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2636 WARRENTON ROAD HENDERSON, NC 27537</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 4/18/23. A deficiency was 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 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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>QP packaged expired medication and placed in return bag for pharmacy pick up. QP met with staff and discussed ensuring that they check the expiration date on medications, prior to administering medications daily. QP, Nurse and assigned staff will check the expiration dates of all medications, during med counts. All expired medications will be returned to pharmacy. QP, Nurse and assigned staff will make sure that replacement orders are made prior to the expiration of all medication, to ensure members will continue to receive all medications as prescribed daily.</p> <p><b>DHSR - Mental Health</b></p> <p><b>MAY 03 2023</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	4/18/23

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

 

TITLE  
QP BS/ Clinical Director

(X6) DATE  
4/24/23

Division of Health Service Regulation

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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 record review, observation and interview the facility failed to ensure current medications were administered to 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 4/18/23 of client #1's record revealed: -Admitted 5/21/07 -Diagnosis: Major Depressive disorder recurrent mild, Intermittent Explosive disorder, and Anxiety - FL2 dated 6/15/22- Triamcinolone-Acetonide .1% Ointment- apply topically to affected area three times daily (eczema)</p> <p>Observation on 4/18/23 at 10:47am revealed: - Expired date 5/22 Triamcinolone Acetonide .1% Ointment label: apply topically to affected area three times daily</p> <p>Review on 4/18/23 at 11:00am of client #1's February 2023, March 2023 and April 2023 revealed: -Triamcinolone Acetonide .1% Ointment -apply topically to affected area three times daily 8am, 2pm and 8pm - February 2023 1-28, three times daily 8am, 2pm and 8pm - March 2023 1-31, three times daily 8am,</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>2pm and 8pm - April 2023 1-18, three times daily 8am, 2pm and 8pm</p> <p>Interview on 4/18/23 client #1 stated: -He "does get cream on shoulder a couple times a day"</p> <p>Interview on 4/18/23 staff #1 stated: -Client #1's cream was applied to his affected areas 3 times a day</p> <p>Interview on 4/18/23 the Qualified Professional (QP) revealed: -He check medications at least 3 times a week - The nurse should also check the medications - He takes accountability for the expire medications "should have caught that" the cream was expired -There was another cream that was in date in the medication closet just not opened</p>	V 118		