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
	MHL068-101	A. BUILDING: ______ B. WING ______	R 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RSI-OLEANDER	**203 OLEANDER DRIVE CARRBORO, NC 27510**

(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 and follow up survey was completed on April 27, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 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.	V 118		

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(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.

This Rule is not met as evidenced by:
Based on interview, observation and record review the facility failed to ensure the Medication Administration Record (MAR) was kept current for two of three current clients (#1 and #2.) The findings are:

Review on 4/27/23 of client #1's record revealed:
-Admission date of 4/4/17.
-Diagnoses of Type 2 diabetes Mellitus Without Complications; Moderate Intellectual Disabilities; Epilepsy and Recurrent Seizures; Conductive Hearing Loss; Attention Deficit Disorder without Mention of Hyperactivity.

Review on 4/27/23 of client #1's physician's orders dated 1/6/23 revealed:
-Aspirin 81 milligram (mg)- Take one tablet daily.
-Refresh Optive Solution- Place 1 drop in each eye twice a day.
-Genteal Gel 0.3%- Provide 1/8 inch in medial corners of both eyes at bedtime.
-Loratadine 5-120 mg- Take one tablet in the morning.
-Atorvastatin 10 mg- Take one tablet daily.
-Folic Acid 1 mg- Take one tablet daily.
-Glipizide 10 mg- Take one tablet twice a day.
-Montelukast 10 mg- Take one tablet daily.
-Guanfacine 1 mg- Take one tablet three times a

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day.
-Lamotrigine 100 mg- Take ½ tablet twice a day.
-Metformin 100 mg- Take one tablet twice a day.
-Pioglitazone 45 mg- Take one tablet daily.
-Fish Oil 500 mg- Take one capsule twice a day.

Review on 4/27/23 of client #1's medications revealed:
-All medications mentioned were available.

Review on 4/27/23 of client #1's MARs for February 1, 2023 through April 27, 2023 revealed staff had not written their initials for the following medications on the following dates:
-Aspirin 81 milligram (mg)- 4/13,4/15.
-Refresh Optive Solution- 4/2, 4/13,4/15 @ 8pm
-Genteal Gel 0.3%- 4/13,4/15.
-Loratadine 5-120 mg- 4/16,4/21.
-Atorvastatin 10 mg- 4/13,4/15
-Folic Acid 1 mg- 4/13, 4/23.
-Glipizide 10 mg- 4/15@ 6 pm, 4/16 @ 8am.
-Montelukast 10 mg- 4/16.
-Guanfacine 1 mg- 4/15 @ 4 pm and 8pm, 4/16 @ 8am.
-Lamotrigine 100 mg- 4/13 @ 8pm, 4/15 @ 8am and 8pm, 4/16 @ 8am.
-Metformin 100 mg- 4/15@ 5pm, 4/16.
-Pioglitazone 45 mg- 4/16.
-Fish Oil 500 mg- 4/13 @ 8pm, 4/15 @ 8pm, 4/16 @ 8am.

Review on 4/27/23 of client #2's record revealed:
-Admission date of 8/25/16.
-Diagnoses of Schizoaffective Disorder, Unspecified; Obsessive Compulsive Disorder; Mild Intellectual Disabilities; Unspecified Asthma, Uncomplicated; Tachypneic, Not Elsewhere Classified.

Review on 4/27/23 of client #2's physician's

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V 118	Continued From page 3 orders dated 1/6/23 revealed: -Vitamin D3 50 micrograms- Take one tablet daily. -Ear Drops 6.5%- Instill 3 drops in both ears once a week on Fridays. -Levonor/Ethi Estradio- Take one tablet daily. -Atropine Sul Sil 1%- Instill 1 drop under the tongue every night. -Flaxseed- Take 3 teaspoons mixed with applesauce daily. -Flonase Sens 27.5 micrograms- Instill 2 sprays in each nostril twice a day. -Clomipramine 25 milligrams (mg)- Take 5 capsules at night. -Clonazepam 0.5 mg- Take two tablets in the morning. -Clonazepam 0.5 mg- Take one tablet twice a day. One at 4 pm and one at 8pm. -Clozapine 100 mg- Take one tablet at bedtime. -Azelastine 0.1%- Instill 2 sprays in each nostril twice a day. Review on 4/27/23 of client #2's medications revelaed: -All medications mentioned were available. Review on 4/27/23 of client #2's MARs for February 1, 2023 through April 27, 2023 revealed staff had not written their initials for the following medications on the following dates: March: -Vitamin D3 50 micrograms- 3/24. -Ear Drops 6.5%- 3/10. -Levonor/Ethi Estradio- 3/24. -Flaxseed- 3/24. -Flonase Sens 27.5 micrograms- 3/24 @ 8am, 3/27 @ 8pm. -Clonazepam 0.5 mg (morning dose)- 3/24. -Azelastine 0.1%- 3/24.	V 118		

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April 2023:
-Vitamin D3 50 micrograms- 4/16.
-Ear Drops 6.5%- 4/7, 4/14, 4/21.
-Levonor/Ethi Estradio- 4/16.
-Atropine Sul Sil 1%- 4/9.
-Flaxseed- 4/16.
-Flonase Sens 27.5 micrograms- 4/16 @8am
-Clomipramine 25 (mg)- 4/10.
-Clonazepam 0.5 mg (morning dose)- 4/16.
-Clonazepam 0.5 mg- 4/1@ 4 pm, 4/15 @ 4 pm.
-Clozapine 100 mg- 4/16.

Exit interview on 4/27/23 wit the Supervisor of Support Services revealed:
-She did not know there were blanks on the MARs for client #1 and #2.
-She did not know if the residents were away on the dates on which there were blanks, but acknowledged that even if they were, there should have been a notation that they were out of the facility.
-She acknowledged facility failed to keep the MAR's for clients #1 and #2 up to date.

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.