

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/24/2023
NAME OF PROVIDER OR SUPPLIER CHATHAM COUNTY GROUP HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 320 MARTIN LUTHER KING BLVD SILER CITY, NC 27344		
(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 May 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 Disabilities. This facility is licensed for 5 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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 and interview the facility failed to ensure the MAR was current for 1 of 3 clients (#2). The findings are:</p> <p>Review on 5/24/23 of client #2's record revealed: -Admission date of 9/7/18. -Diagnoses of Schizophrenia, Post Traumatic Stress Disorder, Bipolar Disorder, Type 2 Diabetes, Intellectual Disability, and Essential Hypertension.</p> <p>Review on 5/24/23 of client #2's physicians order dated 6/20/22 revealed: -Valarian Root 450 mg (milligram) take one tablet (tab) at 7am and 6pm (Sleep Aid) -Degludec Insulin Pen Inject ten units at 6:30am (Diabetes) -Losartan 100 mg take two tabs x 50 mg tabs at 7am (Hypertension) -Paliperidone ER (Extended Release) take one tab at 7am (Schizophrenia) -Duloxetine 60 mg take one tab at 7am (Depression & Anxiety) -Metamucil take one tablespoon mixed in eight ounces of fluid, drink all at 7am (Constipation) -Famotidine 20 mg take one tab at 7am and 8pm (Heartburn) -Buspirone 30 mg take one tab at 7am and 12 pm</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(Generalized Anxiety Disorder)</p> <ul style="list-style-type: none"> -Magnesium 500 mg take one tab at 7am, 12 pm and 8pm (Muscle & Nerve function) -Metformin 1000 mg take one tab after dinner (Type 2 Diabetes) -Aspirin 81 mg take one tab at 8pm (Prevention of heart attack/stroke) -Levocetirizine 5 mg take one tab at 8pm (Allergies) -Mirtazapine 15 mg take one tab at 8pm (Depression) <p>Observation on 5/24/23 of client #2's medications at 11:30am revealed:</p> <ul style="list-style-type: none"> -All medications mentioned were available. <p>Review on 5/24/23 of client #2's MAR for May 2023 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Valarian Root 450 mg - 5/23 @ 6pm, 5/24 @ 7am. -Degludec Insulin Pen - 5/24. -Losartan 100 mg - 5/24. -Paliperidone ER - 5/24. -Duloxetine 60 mg - 5/24. -Metamucil - 5/24. -Famotidine 20 mg - 5/23 @ 8pm, 5/24 @ 7am. -Buspirone 30 mg - 5/24 @ 7am. -Magnesium 500 mg - 5/23 @ 6 pm, 5/24 @ 7am. -Metformin 1000 mg - 5/24. -Aspirin 81 mg - 5/23. -Levocetirizine 5 mg - 5/23. -Mirtazapine 15 mg - 5/23. <p>Interview on 5/24/23 with the facility's Case Manager revealed:</p> <ul style="list-style-type: none"> -Staff #4 administered the medications and was responsible for documenting on the MAR. -The other clients MARs were documented and staff #4 missed client #2. 	V 118		

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V 118	<p>Continued From page 3</p> <p>-She had spoken with staff #4, and staff #4 thought she had documented client #2's MAR.</p> <p>-She acknowledged that staff #4 had not kept client #2's MAR current for May 23rd and May 24th medications.</p> <p>Staff #4 was not available for an interview.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118			