

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/27/2023
NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH II		STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555		
(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 27, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and current has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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		

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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 reviews, observations and interviews the facility failed to keep the MARs current for 1 of 2 current clients (#2). The findings are:</p> <p>Review on 7/26/23 of client #2's record revealed: -22 year old male admitted 6/6/17. -Diagnoses included Autism Spectrum Disorder with accompanying intellectual impairment; Schizoaffective Disorder, unspecified; Attention Deficit Hyperactivity Disorder, combined presentation; and Persistent Motor Tic Disorder. -Physicians order dated 6/12/23 Vistaril Capsule (insomnia) 50mg , 1 at bedtime as needed. -Physicians order dated 7/13/23 Vistaril Capsule 50mg, 1 capsule at bedtime."</p> <p>Review on 7/26/23 and 7/27/23 of client #2's MARs for June 2023 - July 2023 revealed: -June 1 - June 30 transcription for Hydroxyzine Pam (Vistaril) 50mg 1 capsule by mouth at bedtime with staff initials to indicate the medication was administered daily. -July 1 - July 26 - Hydroxyzine Pam 50mg capsule by mouth at bedtime with staff initials to indicate the medication was administered daily. -July- a handwritten transcription "EFFECTIVE 7/13/23 (DAily)" with staff initials to indicate the</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>medication was administered daily.</p> <p>-The back page of the MARs for June 2023 - July 2023 did not have any transcriptions to indicate the date, time, medication, explanation, results of taking the medication or staff initials to correspond with the daily administration of the Hydroxyzine Pam 50mg.</p> <p>Observation on 7/26/23 at 10:40 am of client #2's medications on hand revealed a bubble pack of Hydroxyzine Pam 50mg fluticasone 50 mcg "1 at bedtime as needed" dispensed 6/30/23.</p> <p>Client #2 was unavailable for interview.</p> <p>During interview on 7/27/23 the Qualified Professional/Director stated:</p> <p>-Client #2's Hydroxyzine Pam was "given to him everyday because he needed it."</p> <p>-She was waiting on the physician for the new order to receive the medication daily.</p> <p>-She understood the facility was required to keep the MARs current.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		