

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2023
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S HOMESITE	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 GROVE STREET WILSON, NC 27893
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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug. (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 and interviews the facility failed to ensure medications administered were recorded on the MAR immediately after administration affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 5/09/23 of client #2's record revealed: -52 year old female admitted 12/23/03. -Diagnoses included Major Neurocognitive Disorder, Mood Disorder, Psychotic Disorder, Moderate Intellectual Disability, Cerebral Palsy, Unspecified, Seizure Disorder, Essential Hypertension, Hyperlipidemia-Unspecified, Gastroesophageal Reflux Disease, Asthma, Chronic Mental Illness -Physician order dated 4/26/23 for Trazodone 50 milligrams (mg) tablet (insomnia) 1 tablet at bedtime.</p> <p>Review on 5/09/23 of client #2's MARs for May 2023 revealed: -No transcription for Trazodone 50mg 1 tablet at bedtime on the MAR. -No staff documentation of administration of client #2 bedtime dose of trazodone 5/1/23 through 5/10/23.</p>	V 118	<p>The QP will ensure that all medications are immediately recorded on the MAR after administration. Miss Daisy's staff will ensure that all meds are transcribed and documented on the MAR immediately after administration. The QP will revise the MAR to reflect a daily audit to be completed by staff at each site to prevent this error from reoccurring. See attached.</p>	As of June 1, 2023 Ongoing daily.

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V 118	<p>Continued From page 2</p> <p>Review on 5/09/23 of client #2's medications revealed: -A bubble pack for trazodone 50mg tablets with a dispense date of 4/26/23 with 12 pills missing.</p> <p>During interview on 5/09/23 client #2 stated she took her medications daily with staff assistance and she had taken her trazodone to help her sleep. She never missed any of her medications.</p> <p>During interview on 5/09/23 staff #2 stated: -All of client #2's MAR sheets had been provided for the surveyor to review. -Client #2 had received her Trazodone as ordered but she did not know why the it was not listed on the MAR.</p> <p>During interview on 5/10/23 the Qualified Professional stated: -Client #2 did receive an order for trazodone in April. -April 2023 MAR's were unavailable for review because they had not been filed by the office assistant. -She understood the requirement for medication administration to be documented on the MARs immediately.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility staff failed to dispose of prescription medications in a manner that guards against diversion for 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 5/9/23 of client #1's record revealed: -52 year old female admitted 12/23/03. -Diagnoses included Major Neurocognitive Disorder, Mood Disorder, Psychotic Disorder, Moderate Intellectual Disability, Cerebral Palsy, Unspecified, Seizure Disorder, Essential Hypertension, Hyperlipidemia-Unspecified, Gastroesophageal Reflux Disease, Asthma,</p>	V 119	<p>Miss Daisy's staff will ensure that all prescribed medications are disposed of in a manner that guards against diversion. To prevent that error from occurring again, monthly "Expired Medication Audit's" will be conducted. All expired prescribed medications will be returned to Southern Pharmacy for disposal.</p>	<p>Ongoing-Due Monthly beginning June 5th, 2023.</p>
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V 119	<p>Continued From page 4</p> <p>Chronic Mental Illness -Physicians' Orders signed and dated 1/25/23 for Calcium Antacid Chew Tablets (tabs) 500mg (heartburn) 1 daily as needed and Refresh Optive Solution eye drops (dry eyes) 1 drop each eye as needed.</p> <p>Observation on 5/9/23 at approximately 12:50 pm of client #2's medications on hand revealed: -A bottle of Calcium Antacid Chew tabs with a dispense date of 7/12/21 and an expiration date of 1/2023 that contained about 5 tablets. -A bottle of Refresh Optive Solution eye drops with a dispense date of 1/1/21 and an expiration date of 6/2022 that approximately 3/4 full.</p> <p>Interview on 5/10/23 client #2 stated staff assisted her with her medications daily and she had not missed any doses.</p> <p>Interview on 5/9/23 staff #1 stated: -She did not know client #2 had expired medications. -She would have informed the Qualified Professional (QP) of the expired medications. -Expired medications are usually taken to the office. -Client #2 had no additional bottles of the Calcium Antacid Chew tab and the Refresh Optive Solution eye drops at the facility. -The Calcium Antacid Chew tab and the Refresh Optive Solution eye drops were as needed medications.</p> <p>Interview on 5/10/23 the QP stated she understood prescription medications were to be disposed in a manner that guards against diversion.</p>	V 119		

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V 363	Continued From page 5	V 363		
V 363	<p>G.S. 122C-61 Treatment rights in 24-hour facilities.</p> <p>§ 122C-61. Treatment rights in 24-hour facilities. In addition to the rights set forth in G.S. 122C-57, each client who is receiving services at a 24-hour facility has the following rights:</p> <p>(1) The right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay. The facility may seek to collect appropriate reimbursement for its costs in providing the treatment and prevention; and</p> <p>(2) The right to have, as soon as practical during treatment or habilitation but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible. A discharge plan may not be required when it is not feasible because of an unanticipated discontinuation of a client's treatment. With the consent of the client or his legally responsible person, the professionals responsible for the plans shall contact appropriate agencies at the client's destination or in his home community before formulating the recommendations. A copy of the plan shall be furnished to the client or to his legally responsible person and, with the consent of the client, to the client's next of kin. (1973, c. 475, s. 1; c. 1436, ss. 6, 7; 1981, c. 328, ss. 1, 2; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement an individualized written discharge plan containing</p>	V 363	Miss Daisy's & Associates Inc. QP will ensure that all discharged members receive a discharge plan containing recommendations for further services to	

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V 363	<p>Continued From page 6</p> <p>recommendations for further services designed to enable the client to live as normally as possible affecting 1 of 3 audited clients (Former Client (FC) #4). The findings are:</p> <p>Review on 5/10/23 of FC#4's record revealed: -25 year old female admitted 1/14/22. -Discharged 3/31/23 -Diagnoses included Intellectual Developmental Disability-Severe, Chromosomal Abnormality Missing #2 and Language Disorder. -No documented discharge plan.</p> <p>Interview on 5/9/23 FC #4's guardian stated: -She had verbally informed the Qualified Professional (QP) that FC #4 was moving from the facility. -She had not received a discharged plan for FC #4.</p> <p>Attempted interview on 5/9/23 with FC #4 was unsuccessful due to her language disorder.</p> <p>Interview on 5/10/23 FC #4's care manager stated: -She had contacted the QP around March 3, 2023 to request a list of FC #4's medications to help transition FC #4 to the new facility.</p> <p>Interview on 5/10/23 the QP stated: -She learned from FC #4's care coordinator at the managed care organization around the beginning of March that client FC #4 was moving out. -FC #4's guardian had not informed her that FC #4 was moving to another facility. -She had not provided FC #4's guardian a copy of a discharge plan. -A discharge plan had not been completed yet. -She had 60 days to complete the discharge plan. -She would contact FC #4's guardian to</p>	V 363	<p>to enable the member to live as normal as possible. Quarterly the QA/QI committee will review all new admissions & discharges to ensure compliance.</p>	05-22-23
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V 363	Continued From page 7 determine where to send the discharge plan.	V 363		

