

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LIFESPAN, INC-PAYTON PLACE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 STEWART ROAD</b> <b>ANDREWS, NC 28901</b>
--	--

(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, complaint, and follow up survey was completed on September 11, 2023. The complaint was substantiated (NC# 00204895). 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 4 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>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</p>	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LIFESPAN, INC-PAYTON PLACE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 STEWART ROAD</b> <b>ANDREWS, NC 28901</b>
--	--

(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 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</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 observation, record review, and interview, the facility failed to administer medications on the written order of a physician and failed to keep MARs current affecting 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 9/5/23 of Client #1's record revealed: -Admission date: 4/2/15 -Diagnoses: Autism, Manic Disorder, Hyperkinetic Syndrome, Obsessive Compulsive Disorder, Epilepsy, Hypothyroidism, and PICA. Physician orders dated 5/5/23 included: -Ramelteon 8 milligram (mg) tablet (tab) (insomnia), 1 tab at bedtime (QHS); -Olanzapine ODT 10mg tab (anti-psychotic), 1 tab QHS.</p> <p>Observation on 9/5/23 at 3:10pm of Client #1's medications revealed: -Ramelteon 8mg tab, dispensed 9/1/23; -Olanzapine ODT 10mg tab, dispensed 9/1/23.</p> <p>Review on 9/5/23 and 9/7/23 of Client #1's MARs from 7/1/23 to 9/5/23 revealed: -Staff did not initial Ramelteon 8mg as administered in August except for 8/21/23,</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LIFESPAN, INC-PAYTON PLACE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 STEWART ROAD</b> <b>ANDREWS, NC 28901</b>
--	--

(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 118	<p>Continued From page 2</p> <p>8/28/23, and 8/29/23.</p> <p>-Olanzapine 10mg ODT, was missing staff initials on the MAR for 7/1/23-7/3/23.</p> <p>Review on 9/5/23 of Client #2's record revealed:</p> <p>-Admission date: 11/23/16</p> <p>-Diagnoses: Impulse Control Disorder (D/O), Conduct D/O, Bipolar D/O, Attention Deficit Hyperactivity D/O, Mild Intellectual Developmental Disabilities, and Schizophrenia.</p> <p>Physician orders dated 7/21/23 included:</p> <p>-Hydroxyzine HCL 50mg tab (anxiety), take 1 tab in morning (QAM) and 1 tab QHS.</p> <p>Observation on 9/5/23 at 3:45pm of Client #2's medication revealed:</p> <p>-Hydroxyzine HCL 50mg tab, dispensed 9/1/23.</p> <p>Review on 9/5/23 of Client #2's MARS from 7/1/23 to 9/5/23 revealed:</p> <p>-Staff did not initial Hydroxyzine HCL 50mg as administered on 8/8/23, 8/9/23, 8/14/23, and 8/15/23 for the morning doses.</p> <p>Interview with Client #1 was not possible due to verbal communication ability at the time of survey.</p> <p>Interview on 9/7/23 with Client #2 revealed:</p> <p>-got his meds (medications) every day, no problems.</p> <p>Interview on 9/5/23 and 9/7/23 with Staff #1 revealed:</p> <p>-she took Client #1 to his doctor appointment on 6/29/23;</p> <p>-didn't know that Client #1 was prescribed meds at that appointment and neither did the guardian.</p> <p>-the prescribing provider will not give notes or prescriptions after the appointment ... "it takes</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LIFESPAN, INC-PAYTON PLACE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 STEWART ROAD</b> <b>ANDREWS, NC 28901</b>
--	--

(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 118	<p>Continued From page 3</p> <p>weeks to get."</p> <p>-another staff picked up Client #1's meds and took it to the wrong facility.</p> <p>-didn't know why Client #1's Ramelteon was only initialed three times during month of August.</p> <p>Interview on 9/7/23 with the Qualified Professional revealed:</p> <p>-Client #1 missed a couple of days of meds over July 4th time period.</p> <p>-was in the hospital during this time.</p> <p>-the doctor had sent the prescriptions in to the pharmacy for the next month.</p> <p>-another staff discovered Client #1's meds at a sister facility and brought them to where Client #1 resided.</p> <p>-contacted the pharmacy and guardian about the medication error.</p> <p>-the facility nurse "should have caught it."</p> <p>-Client #1 ended up missing his Olanzapine for three days (7/1/23-7/3/23).</p> <p>-staff may have forgotten to sign for Client #2's Hydroxyzine.</p> <p>-didn't know why there were blanks on the MARS for Client #1's Ramelteon in August 2023.</p> <p>-Client #1 does have behaviors ..."the [prescribing provider] mentioned doing a behavioral support plan."</p> <p>-the facility started using a nursing triage line effective 8/22/23 that is available 24 hours a day and MARs and prescriptions will be managed online.</p> <p>Interview on 9/8/23 with the Director of Psychiatric Services at a local prescribing provider revealed:</p> <p>-Client #1's medication refills were sent to the pharmacy on 6/29/23.</p> <p>-facility staff, "Did not pick up scripts for those three days ...and he had ...behavioral issues."</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>09/11/2023</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>LIFESPAN, INC-PAYTON PLACE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 STEWART ROAD ANDREWS, NC 28901</b>
--	--

(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 118	Continued From page 4  -"Client #1 is a hard consumer to stabilize and I've been here 17 years."	V 118		