

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411156 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 09/07/2023 |
| NAME OF PROVIDER OR SUPPLIER SEDRICK'S PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1210 TERRELL DRIVE HIGH POINT, NC 27262 | | |
| (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 survey was completed on 9/7/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 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 reviews, observation and interviews the facility failed to keep the MAR current and failed to ensure medications were administered as ordered for 2 of 2 clients. The findings are:</p> <p>Review on 9/6/23 of client #1's record revealed: -Admission date of 10/2/22. -Diagnoses of Down Syndrome, Profound Intellectual Developmental Disability, Constipation, Hypothyroidism, Hypercholesterolemia, Seizure Disorder, Autistic Tendencies.</p> <p>Review on 9/6/23 of client #2's record revealed: -Admission date of 4/31/18. -Diagnoses of Autistic Disorder, Severe Intellectual Developmental Disability, Seizure Disorder.</p> <p>Review on 9/6/23 of client #1's physician's orders revealed: -Trazadone 100 milligrams (mg) 2 tablets by mouth at bedtime for sleep ordered 8/29/23. -Flintstones Complete Multivitamin (nutritional supplement) chew and swallow one tablet daily ordered 7/6/23. -Vitamin E 180 mg (nutritional supplement) one</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>capsule by mouth twice daily ordered 7/6/23.</p> <p>Review on 9/6/23 of client #1's MAR for the month of September 2023 revealed:</p> <ul style="list-style-type: none"> -Trazadone 100 mg initialed as administered 9/2/23 through 9/6/23. -Flintstones Complete Multivitamin initialed as administered on 9/4/23 through 9/6/23. -Vitamin E 180 mg initialed as administered on 9/4/23 through 9/6/23. <p>Observation on 9/6/23 at 11:01 am of Client #1's medications revealed:</p> <ul style="list-style-type: none"> -Flintstones Complete Vitamin was not available. -Vitamin E was not available. <p>Interview on 9/6/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> -"Trazadone has a new prescription. It just changed last week." -Signed for Flintstones Complete Vitamin and Vitamin E on 9/6/23 but did not give the medications because they were not in the bubble pack. -The new cylce of bubble packs started 9/4/23. -The medications had been in the previous cycles bubble pack. -Aware that the date on the MAR should have been circled and noted on the back of the MAR that the medication was not available. <p>Interview on 9/6/23 with the House Manager (HM) revealed:</p> <ul style="list-style-type: none"> -Client #1 "had an appointment last Tuesday (8/29/23) and they (doctor) upped it (Trazadone) a 100 mg." -"Usually they (pharmacy) send a new MAR and I thought I put that in the book." -"I need to call the pharmacy and see if they can send me a MAR for the 200 mg of Trazodone at bedtime." | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>-The pharmacy was waiting for new orders from the doctor prior to filling the Flintstones Complete Vitamin and Vitamin E.</p> <p>Review on 9/6/23 of client #2's physician's order revealed: -Pantoprazole 40 mg (acid reflux) 1 tablet by mouth daily ordered 6/13/22.</p> <p>Review on 9/6/23 of client #2's MAR for the month of July 2023 revealed: -Pantoprazole 40 mg for the dates of 7/1/23 through 7/7/23 dates were circled with a note on back indicating that the medication was not available.</p> <p>Additional interview with the HM on 9/6/23 revealed: -"We were actually out of the Protonix (Pantoprazole) because the doctor's office wasn't responding to the refill request."</p> | V 118 | | |