

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOROTHY'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801</b>
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(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 survey was completed on October 5, 2023. 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 Disability.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients &amp; 1 former client.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 review and interview the facility failed to keep MARs current and record immediately after administration for 2 of 2 current clients (#1 &amp; #2) &amp; 1 of 2 former client (FC#3). The findings are:</p> <p>A. Review on 10/4/23 of client #1's record revealed: - admitted 10/22 - diagnoses: Autism, Intellectual Developmental Disability (IDD) &amp; Schizophrenia - physician order dated 9/25/23: Lacriobe twice a day (8am &amp; 8pm) for 14 days (eye dryness)</p> <p>Review on 10/4/23 of client #1's October 2023 MAR revealed: - staff initials were as follows for the Lacriobe: - 10/1: no staff initials documented for 8am or 8pm - 10/2 - 10/3: no staff initials documented at 8am</p> <p>B. Review on 10/4/23 of client #2's record revealed: - admitted 9/24/23 - diagnosis: IDD, Autism &amp; Persistent Mood Disorder - FL2 dated 5/3/23:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Lithium Carbonate 300mg every 12hour (8am &amp; 8pm) (bipolar)</li> <li>- Divalproex 500mg (milligram) twice a day (8am &amp; 8pm) (bipolar)</li> </ul> <p>Review on 10/4/23 of client #2's September 2023 &amp; October 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Lithium: 9/25/23 - 9/30/23 - no staff initials documented at 8am</li> <li>- Divalproex: 9/25/23 - 9/30/23 - no staff initials documented at 8am</li> <li>- Lithium &amp; Divalproex no staff initials documented on 10/3/23 at 8pm</li> </ul> <p>C. Review on 10/4/23 of FC#3's record:</p> <ul style="list-style-type: none"> <li>- admitted 9/19/22 &amp; discharged 9/27/23</li> <li>- diagnoses: Autism &amp; Schizophrenia</li> <li>- FL2 dated 10/4/23:</li> <li>- Cetirizine 10mg (milligram) daily (allergy)</li> <li>- Divalproex 250mg twice day (8am &amp; 8pm)</li> <li>- Fluticasone 50mcg daily (asthma)</li> <li>- Olanzapine 10mg bedtime (mental disorder)</li> </ul> <p>Review on 10/4/23 of September 2023 MAR for FC#3 revealed:</p> <ul style="list-style-type: none"> <li>- staff initials missing for the following medications</li> <li>- Cetirizine: 9/22 - 9/24</li> <li>- Divalproex: 8am ( 9/22 - 9/24) &amp; 8pm (9/21-9/22)</li> <li>- Fluticasone: 9/22-9/24</li> <li>- Olanzapine: 9/21-9/22</li> </ul> <p>During interview on 10/4/23 &amp; 10/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she and the House Manager (HM) were responsible for MAR accuracy</li> <li>- the last 3 staff meetings missing staff initials were discussed</li> <li>- medication refresher training have been</li> </ul>	V 118		

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V 118	Continued From page 3  given to staff - she and the HM plan to discuss employment status with staff that failed to document their initials	V 118		