| OF CORRECTION | IDENTIFIC/TION NOMBER. | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|--|--|--|
| | IDENTIFICATION NUMBER: | A. BUILDING: B. WING | | R 10/19/2023 | |
| | MHL023-158 | | | | |
| ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| WAY 104 | | - | | | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | TION SHOULD BE COMPLE THE APPROPRIATE DATE | |
| INITIAL COMMENT | rs | V 000 | | | |
| | | | | | |
| category: 10A NCA | C 27G .5600C Supervised | | | | |
| census of 4. The s | urvey sample consisted of | | | | |
| 27G .0209 (H) Med | ication Requirements | V 123 | | | |
| REQUIREMENTS (h) Medication error and significant adver reported immediate pharmacist. An entr and the drug reaction | rs. Drug administration errors erse drug reactions shall be ely to a physician or ry of the drug administered on shall be properly recorded | | | | |
| Based on record re facility failed to ensu administration error to a pharmacist or p audited clients (Clie | view and interviews, the ure all medication rs were immediately reported ohysician affecting 1 of 3 ent #2). The findings are: | | | | |
| | SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual and follo on 10/19/23. A defi This facility is licens category: 10A NCA Living for Adults wit This facility is licens category: 10A NCA Living for Adults wit This facility is licens census of 4. The s audits of 3 current of 27G .0209 (H) Med 10A NCAC 27G .02 REQUIREMENTS (h) Medication error and significant adve reported immediate pharmacist. An entr and the drug reaction in the drug record. A shall be charted. | AAY 104 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 10/19/23. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. 27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 3 audited clients (Client #2). The findings are: Review on 7/27/23 of incident report reporting revealed: -8/5/23 Client #2 was out of medication alth Service Regulation | SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow up survey was completed on 10/19/23. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 123 This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 123 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication requirements V 123 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 3 audited clients (Client #2). The findings are: Review on 7/27/23 of incident report reporting revealed: -8/5/23 Client #2 was out of medication | VARY 104 SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF I (EACH DEFICIENCY MUST TAG INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 10/19/23. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. 27G .0209 (H) Medication Requirements V 123 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 3 audited clients (Client #2). The findings ar | WAY 104 SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY WIST BERECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG ID PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY WIST APPROPRIATE DEFICIENCY OF USC IDENTIFYING INFORMATION) INITIAL COMMENTS V 000 An annual and follow up survey was completed on 10/19/23. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities. V 123 10A NCAC 27G. 0209 MEDICATION REQUIREMENTS (h) Medication Requirements V 123 10A NCAC 27G. 0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reaction shall be reported immediately to a physician or pharmacist. An entry of the drug administred and the drug reaction. Shall be properly recorded in the drug reaction. All be properly recorded in the drug reaction shall be properly recorded in the drug administration errors were immediately reported to ensure all me |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED R 10/19/2023 | |
|---|--|---|---|--|--|--|
| | | MHL023-158 | | | | |
| AME OF PROVIDER | OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| ARING WAY 104 | | | ING WAY | | | |
| | | SHELBY | , NC 28150 | | | |
| | CH DEFICIENC | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE COMPL THE APPROPRIATE DAT | |
| V 123 Continu | ed From pa | age 1 | V 123 | | | |
| but no e contact -8/6/23 (milligra to phys -8/7/23 schedu docume pharma -8/8/23 pharma There v or phar -8/20/2 (omepr call to p Record -Date o -Diagno Develo Disorde Behavie -Physic include -Du daily. Intervie -He did Intervie -She w the faci not refil -Client a refill. | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 (duloxetine). Contacted House Manager (HM) but no documentation of physician or pharmacist contact. -8/6/23 Client #2 was out of duloxetine 60mg (milligrams). There was no documentation of call to physician or pharmacist. -8/7/23 Client #2 was out of duloxetine; HM scheduled appointment for refill today but no documentation contact to physician or pharmacist. -8/8/23 Client #2 duloxetine not available; pharmacy closed. Will have medication 8/9/23. There was no documentation of call to physician or pharmacist. -8/20/23 Client #4 was out of medication (omeprazole). There was no documentation of call to physician or pharmacist. Record review on 10/18/23 for Client #2 revealed: -Date of admission: 4/24/18 Diagnoses: Down Syndrome, Mild Intellectual Developmental Disability, Major Depressive Disorder with Psychotic Features, Disruptive Behavior Disorder, Sleep Apnea. -Physician ordered medications on 11/22/22 included: -Duloxetine 60mg (depression)- 1 tablet twice | | | | | |

8ZF111

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA UDENTIFICATION NUMBER | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | | |
|--|--|---|-------------------------|--|---------------|-------------------------|
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | A. BUILDING: B. WING | | COMPLETED | |
| | | MHL023-158 | | | | R 10/19/2023 |
| AME OF F | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| | WAY 104 | 104 CARI | | | | |
| | | | NC 28150 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE | (X5) COMPLET DATE |
| V 123 | Continued From pa | ige 2 | V 123 | | | |
| | reactions to missing his medication. -Was not aware a physician or pharmacist needed to be contacted immediately for a missed medication. | | | | | |
| | Professional (QP) # -QP #1 was relative processes. -They would need t | 23 with the Qualified #2 revealed: ely new and still learning the o come up with a better medication incidents. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

8ZF111