

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE STREET RESIDENTIAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>341 HONEY HILL ROAD</b> <b>HALLSBORO, NC 28442</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on October 12, 2023. The complaint was substantiated (intake #NC00207322). Deficiencies were 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 3 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><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>	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>(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 administer medications on the written order of a physician and failed to keep the MARs current affecting 2 of 3 audited current clients (#1 and #3). The findings are:</p> <p>Finding #1 Review on 10/12/23 of client #1's record revealed: -26 year old male. -Admitted on 8/7/23. -Diagnoses of Mild Intellectual Disability, Bipolar Disorder, Impulse Disorder and Hearing Loss.</p> <p>Review on 10/12/23 of client #1's signed physician order dated 9/13/23 revealed: -Fluticasone Propionate 50 microgram (mcg) spray each nostril twice daily as needed.</p> <p>Review on 10/12/23 of client #1's MARs from 9/1/23 - 10/12/23 revealed: -Fluticasone Propionate 50 mcg was administered 9/8/23 - 9/12/23.</p> <p>Attempted interview on 10/12/23 with client #1 revealed he was non-verbal.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p><b>Finding #2</b> Review on 10/11/23 and 10/12/23 of client #3's record revealed: -24 year old male. -Admitted on 7/14/22. -Diagnoses of Autism Disorder, Major Depressive Disorder and Moderate Intellectual Disability.</p> <p>Review on 10/12/23 of client #3's signed physician orders dated 7/25/23 revealed: -Divalproex SOD ER 500 milligram (mg) 2 tablets at bedtime. -Propranolol ER 60 mg each morning. -Mineral Oil 3 drops in each ear weekly on Mondays at bedtime.</p> <p>Review on 10/11/23 and 10/12/23 of client #3's MARs from 8/1/23 - 10/11/23 revealed: -Divalproex SOD ER 500 mg was not administered on 9/1/23-9/4/23. -Propranolol ER 60 mg was not administered on 9/1/23-9/4/23.</p> <p>Observation on 10/12/23 between 11 - 11:15am of client #3's medications revealed: -Mineral Oil was not available for review.</p> <p>Interview on 10/12/23 client #3 stated: -He received his medications daily. -The pharmacy messed up his medication once and he did not receive 2 of them.</p> <p>Interview on 10/12/23 the Program Manager stated: -Client #1's Fluticasone Propionate 50 mcg documented as administered on 9/8/23 - 9/12/23 was an error. -Client #1 received his medications as ordered. -Client #3's Divalproex SOD ER 500 mg and</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Propranolol ER 60 mg was a pharmacy error and not included in his medication pack.</p> <p>-Staff documented the medication was not given and did not contract the pharmacy to request it.</p> <p>-She contacted the pharmacy for the medications on the following Monday.</p> <p>-She planned to request client #3's Mineral Oil be discontinued.</p> <p>-Client #3's guardian questioned by he used the Mineral Oil.</p> <p>Interview on 10/11/23 the Qualified Professional stated:</p> <p>-She understood medications should be administered as ordered.</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>facility failed to obtain drug regimen reviews for 1 of 3 audited clients (#3) who received psychotropic medications. The findings are:</p> <p>Review on 10/11/23 and 10/12/23 of client #3's record revealed: -24 year old male. -Admitted on 7/14/22. -Diagnoses of Autism Disorder, Major Depressive Disorder and Moderate Intellectual Disability.</p> <p>Review on 10/12/23 of client #3's drug regimen revealed: -Cetirizine Hydrochloric Acid (HCL) 10 milligram (mg) daily. (allergy) -Divalproex Extended Release (ER) 500 mg twice daily. (seizure) -Fluticasone Propionate 50 microgram (mcg) 1 spray in each nostril as needed. (allergy) -Metformin HCL 500 mg twice daily. (diabetes) -Mineral Oil twice daily. (ear) -Propranolol ER 60 mg each morning. (blood pressure) -Saphris 10 mg twice daily. (mood/mental) -Sertraline HCL 100 mg daily. (Major Depressive Disorder) -Simvastatin 10 mg at bedtime for Cholesterol. -Vitamin D3 50 mcg daily. (Supplement) -Selsun Blue 1% Shampoo as directed at 8pm. (scalp)</p> <p>Interview on 10/12/23 client #3 stated: -He received his medications daily.</p> <p>Interview on 10/12/23 the Program Manager stated: -The pharmacy had completed the drug regimen review for client #3. -She provided the drug regimen review to client #3's physician for review.</p>	V 121		

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V 121	<p>Continued From page 5</p> <p>-She did not have a copy of the drug regimen review or the recommendations.</p> <p>Interview on 10/12/23 the Qualified Professional stated:</p> <p>-She understood a drug regimen review should be completed at least every 6 months.</p>	V 121		