

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARREN COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 MUSTIAN ROAD NORLINA, NC 27563</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 11/1/23. 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 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 117	<p><b>27G .0209 (B) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing</p>	V 117		

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

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V 117	<p>Continued From page 1</p> <p>practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 3 of 3 current clients (#1, #2 &amp; #3)'s medications had packaging labels. The findings are:</p> <p>Review on 11/1/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 9/10/16</li> <li>- diagnoses: Intellectual Developmental Disorder (IDD), Cerebral Palsy, Seizure Disorder &amp; Explosive Disorder</li> <li>- FL2 dated 9/19/23: Aripiprazole 2mg (milligram) everyday (QD), Cetirizine 10mg (QD) &amp; Citalopram 40mg (QD)</li> </ul> <p>Review on 11/1/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 5/22/21</li> <li>- diagnoses: Profound IDD, Web Feet &amp; Constipation</li> <li>- FL2 dated 7/14/23: Multi-vitamin daily, Fexofenadine QD, Fiber-lax QD, Furosemide 20mg am, Lisinopril/HCTZ am, Napcon-A Eye Drops, Potassium 20mg QD, Pravastatin 40mg QD &amp; Systane Gel Drop (eye) PRN (as needed)</li> </ul> <p>Review on 11/1/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10/29/18</li> <li>- diagnoses: Unspecified Mental Disorder, Convulsive Epilepsy, Autism Disorder, Anxiety Disorder, Cerebral Paralysis &amp; Aspiration Pneumonia</li> <li>- FL2 dated 2/21/23: Aripiprazole 15mg (QD),</li> </ul>	V 117		

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V 117	<p>Continued From page 2</p> <p>Clonazepam three times (TID) QD, Clonidine HCL ER 0.1 QD, Divalproex Sodium 250mg twice QD, Gabapentin 300mg QD, Lamotrigine 150mg QD, Lorazepam 1mg TID, Magnesium Oxide 400mg QD, Risperidone 4mg QD, Sertraline 100mg QD &amp; Vitamin D3 25mcg QD</p> <p>Observation on 11/1/23 at 10:16am of client #1 - #3's medication bin revealed:</p> <ul style="list-style-type: none"> <li>- pre-packaged pills of different sizes &amp; colors in individualized blister packs on a pill roll</li> <li>- the pill roll was located in a white box with the following hand-written dates: 10/17/23 - 11/15/23</li> <li>- the white box did not have a medication label that identified the following:               <ul style="list-style-type: none"> <li>- the client's name</li> <li>- prescriber's name</li> <li>- current dispense date</li> <li>- name, strength, quantity, and expiration date of the prescribed drug</li> <li>- name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner</li> </ul> </li> </ul> <p>During interview on 11/1/23 the Residential Manager reported:</p> <ul style="list-style-type: none"> <li>- staff picked the medications up at the pharmacy on 10/17/23 which was "probably" the dispense date</li> <li>- would contact the pharmacy to get the medication labels printed for each clients pre-packaged medication boxes</li> </ul>	V 117		