

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ RECEIVED MAY 16 2024	(X3) DATE SURVEY COMPLETED 04/29/2024
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NAME OF PROVIDER OR SUPPLIER THE WORKSHOP OF DAVIDSON-GROUP HOME #1 -W	STREET ADDRESS, CITY, STATE, ZIP CODE 509 SHOAF STREET LEXINGTON, NC 27292
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 29, 2024. Deficiencies were 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>The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>V118: FINDING #1</p> <p>A retraining memo has been completed and will be distributed to all group home staff, with a sign off for receipt of confirmation in regards to:</p> <ul style="list-style-type: none"> -Keeping MARs current and documenting signatures and initials on them accurately. - Staff will review information in regards to not leaving blanks on the MAR - should have initials or X for not taken, X and explanation on back of MAR for refusal. - Ensuring that all meds that are PRN are properly labeled as such. <p>Staff review includes information about 3 prong check on medications that should be occurring each month when medications are received that include:</p> <ul style="list-style-type: none"> -Do the medications match the doctors orders -Does the doctor orders match the MAR -Does the MAR match the medication label. <p>Staff review of ensuring Dr. Order's are reviewed and followed up on if there is a PRN medication or a temporary medication, that the Dr. order needs to state PRN or an end date for the medication needs to be in place on the order and that staff need to ensure The MAR, The Medication, and the Doctors order all have matching orders that are being followed.</p> <p>If a medicine has an end date ensuring that after the last date of assigned use the medication is marked off for the rest of the month removed from the pill pack or med storage.</p> <p>Ensure that the MAR is correctly marked for END of USE or PRN according to Order.</p> <p>For full review of items covered in retraining memo please see attached DHHS Review Corrections/ Med Maintenance memo and Medication Administration Documentation and General Accuracy Staff Confirmation Form.</p> <p>Executive Director- prepared retraining information. Group Home Coordinator- Responsible for distributing and implementing retraining review to all Group Home Staff</p>	Estimated Date: 05/29/24
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Karen D. [Signature]

TITLE

Executive Director

(X6) DATE

5/14/24

10/10/2020

10/10/2020

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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, a MAR for each client must be kept current, and medications to clients shall be administered by licensed persons trained by a registered nurse, pharmacist or other legally qualified person privileged to prepare and administer medications. The findings are:</p> <p>Finding I:</p> <p>Reviews on 4/25/24 and 4/26/24 of Client #1's record revealed: -Admission date of 10/1/15. -Diagnoses of Mood Disorder, Mild Intellectual Developmental Disability (IDD), Migraine Headaches, and Eczema. -8/31/23, physician-ordered: -Sodium Fluoride Plus 1.1 % Dental Cream (tooth decay preventative) brush twice daily. -Topiramate 25 mg (migraine) 1 tablet (tab) two times daily. -Trazadone 100 mg (sleep) 1 tab at bedtime. -Tri-Estarylla Tab 18/35 mcg (micrograms) (birth control) 1 tab daily. -1/4/24, physician-ordered Fluoxetine Capsule (Cap) 20 milligram (mg) (depression) 1 cap daily. -1/9/24, physician-ordered Diclofenac Sodium 1% External Gel (arthritis pain), rub 1 gram topically</p>	V 118	<p>To conduct a regular review of medication practices to ensure all MAR/Doctors Orders/ and Meds match and that staff are assisting and documenting correctly a monthly medication review will be completed by the Group Home Staff with a follow up Quarterly Medication Review conducted by supervisory staff.</p> <p>See attached: Monthly Medication Checklist and Quarterly Medication Review.</p>	

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V 118	<p>Continued From page 2</p> <p>on the joint up to four times daily.</p> <p>-1/25/24, physician-ordered Mupirocin Ointment 2% (infected skin lesions) apply to affect area two times daily.</p> <p>Reviews on 4/25/24 and 4/26/24 of Client #1's MAR for the months of February 2024, March 2024, and April 2024 revealed no staff initials and no explanations for the following medications at their administration times:</p> <p>-Diclofenac Sodium-8 am, 12 pm, 4 pm and 8 pm from 2/1/24 through 2/29/24.</p> <p>-4 pm and 8 pm on 3/3/24, 8 am, 12 pm, 4 pm and 8 pm on 3/4/24 and 3/5/24, and 8 am, 12 pm, 4 pm and 8 pm from 3/8/24 through 3/31/24.</p> <p>-8 am, 12 pm, 4 pm and 8 pm from 4/2/24 through 4/4/24, 8 am, 12 pm, 4 pm and 8 pm on 4/8/24 and 4/9/24, 12 pm, 4 pm and 8 pm on 4/12/24, and 8 am, 12 pm, 4 pm and 8 pm from 4/13/24 through 4/25/24.</p> <p>-Mupirocin Ointment-no morning (am) or evening (pm) dose times for 3/1/24 through 3/31/24 and 4/1/24 through 4/25/24.</p> <p>-Sodium Fluoride Dental Cream in the am on 4/10/24, 4/15/24, and 4/16/24.</p> <p>-Topiramate in the morning (am) on 4/10/24.</p> <p>-Trazadone at the 8 pm dose time on 4/10/24.</p> <p>-Tri-Estarylla at the am dose time on 4/10/24.</p> <p>-Fluoxetine at the 8 am dose time on 4/10/24 and 4/19/24.</p> <p>Reviews on 4/25/24 and 4/26/24 of Client #2's record revealed:</p> <p>-Admission date of 1/6/97.</p> <p>-Diagnoses of Moderate IDD, Schizophrenia-schizoaffective disorder-bipolar type, Gastroesophageal Reflux Disease (GERD).</p> <p>-8/11/23, physician-ordered:</p> <p>-Anti-itch cream 1 % (psoriasis) , apply pea size amount to external ear two times daily.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Vitamin D-3 2000 International Units (IU) (Calcium absorption), 1 tab daily. -Vascepa 1 gram (gm) (reduce cardiovascular issues), 1 tab daily. -Loratadine 10 mg (allergy), 1 tab daily. -Lansoprazole Delayed Release (DR) cap 30 mg (GERD), 1 cap daily. -Therm-M Oral Tab (Vitamin deficiency), 1 tab daily. <p>-3/12/24, physician-ordered Benztropine Mesylate 1 mg, 1 tab at bedtime.</p> <p>Reviews on 4/25/24 and 4/26/24 of Client #2's MAR for the months of February 2024, March 2024 and April 2024 revealed no staff initials and no explanations for the following medications at their administration times:</p> <ul style="list-style-type: none"> -Anti-itch cream at the am and pm dose times from 2/1/24 through 2/29/24, at the 8 am and 8 pm dose time from 3/1/24 through 3/3/34, 8 am dose time on 3/4/24, 8 pm dose time on 3/5/24, 8 am doses time from 3/6/24 through 3/10/24, 8 am dose times on 3/12/24 and 3/13/24, and at the 8 am and 8 pm dose times from 3/20/24 through 3/31/24, and at the am and pm dose times from 4/1/24 through 4/25/24. -Vitamin D-3 at the 8 am dose time on 4/10/24, 4/19/24 and 4/20/24. -Vascepa at the 8 am dose time on 4/10/24. -Loratadine at the am dose on 4/10/24. -Lansoprazole at the 8 am dose on 4/10/24. -Therm-M Oral Tab at the 8 am dose on 4/10/24 <p>Interview on 4/25/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Medications were given to her by staff and included medications that kept her calm through the day and a sleeping pill at night. -She had not missed any of her medications. -Her medications were always at the facility. 	V 118		

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V 118	<p>Continued From page 4</p> <p>Interview on 4/25/24 with Client #2 revealed: -No problems taking her medications which were given to her by staff. -She had never missed taking her medications which included a vitamin, a medicine for diabetes and "calm me down pills."</p> <p>Interview on 4/25/24 with Client #3 revealed: -She took medicine for anxiety and allergies. -Medicines were given to her by staff and she had not missed any of her medicines.</p> <p>Interview on 4/25/24 with Staff #1 revealed: -She was the Supervisor in Charge and worked Monday through Friday. -Relief staff worked the weekends. -Her job responsibilities included administering client medications, documentation on the MARs after medication was given, reviewed the clients' MARs from the weekends and notified weekend staff of errors on the MARs. -Client #1 did not use the Mupirocin Ointment anymore; she used it for 3 days. -She was unable to locate a discontinued physician's order on the Mupirocin Ointment. -Client #2's anti-itch cream might be a PRN (as needed) medication but was not certain.</p> <p>Interview on 4/25/24 with Staff #2 revealed: -She had never forgotten to give clients their medications because it was routine to give medications. -She may have forgotten to initial a MAR but Staff #1 contacted her if she noticed she had forgotten in order to let her know.</p> <p>Interview on 4/26/24 with the Group Home Coordinator revealed: -She had started in her position mid-March 2024. -She was still being trained by the Assistant</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Director in her duties which included reviewing the client medications and MARs for accuracy. -She worked a shift for the first time on 4/10/24 and felt overwhelmed with all the duties and did not initial the clients' MARs completely for their medications the morning of 4/10/24 although she did give them their medications. -She has had medication management training.</p> <p>Interview on 4/26/24 with the Assistant Director revealed: -There should be a written explanation given for any errors and blanks on clients' MARs. -The Supervisor in Charge should not be correcting a MAR for another staff. -The MAR form they use is not "user friendly" and they were seeking another MAR form. -Administration on Client #1's Mupirocin Ointment and Client #2's anti-itch cream and Nystatin Triamcinolone Acetonide needed clarification from their physician to determine if the medications were to be continued as prescribed or orders changed. -She and the Group Home Coordinator would follow up on the MAR issues and make sure the issues get addressed.</p> <p>Finding II:</p> <p>Review on 4/29/24 of Staff #2's personnel record revealed: -A rehire date of 2/6/23. -A medication training certificate dated 2/14/24 with no signature or name of a legally qualified person privileged to prepare and administer medications.</p> <p>Review on 4/29/24 of Staff #3's personnel record revealed: -A hire date of 12/5/22.</p>	V 118	<p>V118: FINDING #2</p> <p>Although The Workshop had completed video testing with a pre-test and test not all certificates and test reviews were completed by a registered nurse upon completion of the staff's medication administration training.</p> <p>Moving forward The Workshop has partnered with the Davidson County Health Department for a Registered Nurse to complete in person training for the assistance of medication administration. A pre-test and test will still be administered to staff to demonstrate competence and certificates completed by the Registered Nurse. This class has currently been scheduled for March 24th and will take place going forward for all new hires and annually for all current staff.</p> <p>Training Coordinator and Group Home Coordinator will ensure all staff have completed training.</p>	Estimated Date of 5/29/2024

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V 118	<p>Continued From page 6</p> <p>-A medication training certificate dated 2/14/24 with no signature or name of a legally qualified person privileged to prepare and administer medications.</p> <p>Interview on 4/29/24 with the Executive Director revealed: -A digital video disc (DVD) was used for medication training of the staff. -A registered nurse reviewed the staffs' medication paperwork after staff were given a test. -She could have a local pharmacist, or the nurse provide the medication administration training to staff.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p>V120: External medications: A retraining memo has been completed and will be distributed to all group home staff, with a sign off for receipt of confirmation in regards to: Storage of External medications separately from Internal medications. Staff have been suggested to place external medications in a zip top bag marked EXTERNAL MEDICATION DO NOT INGEST.</p> <p>Group Home Coordinator will ensure memo is reviewed by staff and ensure signature page.</p> <p>Also a Monthly Medication Checklist will be completed by Group Home Staff to ensure compliance with a quarterly med review conducted by supervisory staff.</p> <p>See attached - Staff Memo- DHHS Review Corrections /Med Maintenance - Medication Administration, Documentation, and General Accuracy Staff Confirmation Form - Monthly Medication Checklist - Quarterly Medication Review</p>	Estimated Date of 5-29-2024
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently</p>	V 120		

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V 120	<p>Continued From page 7</p> <p>registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, all medication shall be stored separately for external and internal use. The findings are:</p> <p>Reviews on 4/25/24 and 4/26/24 of Client #1's record revealed: -Admission date of 1/6/97. -Diagnoses of Moderate IDD, Schizophrenia-schizoaffective disorder-bipolar type, Gastroesophageal Reflux Disease (GERD). -1/9/24, physician-ordered Diclofenac Sodium 1% External Gel (arthritis pain), rub 1 gram topically on the joint up to four times daily. -1/25/24, physician-ordered Mupirocin Ointment 2% (infected skin lesions) apply to affect area two times daily.</p> <p>Observation on 4/25/24 at 10:41 am of Client #1's medication bin revealed: -Her prescribed Diclofenac Sodium 1% External Gel and Mupirocin Ointment 2% were present in her plastic medication bin and were not stored separate from her internal medications.</p> <p>Reviews on 4/25/24 and 4/26/24 of Client #2's record revealed: -Admission date of 1/6/97. -Diagnoses of Moderate IDD, Schizophrenia-schizoaffective disorder-bipolar type, Gastroesophageal Reflux Disease (GERD).</p>	V 120		

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V 120	<p>Continued From page 8</p> <p>-8/11/23, physician-ordered Anti-itch cream 1 % (psoriasis) , apply pea size amount to external ear two times daily.</p> <p>-1/17/24, physician-ordered Nystatin Triamcinolone Acetonide Cream (rash), apply to affected areas 3 times daily until rash clears.</p> <p>Observation on 4/25/24 at 10:56 am of Client #2's medication bin revealed: -Her prescribed anti-itch medication and the Nystatin Triamcinolone Acetonide Cream were present in her plastic medication bin and were not kept separate from her internal medications.</p> <p>Interview on 4/25/24 with Staff #2 revealed: -Knew external and internal medications were to be stored separate from one another. -Was not aware the clients' external and internal medications were stored together; external medications were usually stored in a plastic bag.</p> <p>Interview on 4/26/24 with the Assistant Director revealed: -External and internal medications were to be stored separately from one another in plastic bags. -She did not know why they were not separated. -She instructed the Group Home Coordinator to place the external medications in plastic bags immediately. -She would make certain this area was monitored to ensure external and internal medications were kept separated.</p>	V 120		



Vocational & Life Skills Training
for Adults with Disabilities

To: Group Home SIC and Relief SIC
From: Kara Cody, Executive Director, QP, BA
Date: 5/14/2024
Re: DHHS Review Corrections/ Med Maintenance

Per our recent Division of Health Services Regulations Review, we have incurred the following deficiency violations:

- A MAR for each client must be kept current and accurately document the staff's assistance by initialing when medications are given.
- All staff must be trained properly by a Registered Nurse or Pharmacist.
- Internal and External medications must be stored separately.

In order to correct these actions:

- Staff must complete a retraining class, see training Coordinator Shay Sturdivant for dates
- SIC will ensure completion of a monthly Medication Checklist (review of MARS/Doctors Orders/Meds/etc.)
- The Group Home Coordinator will ensure completion of a quarterly medication review that also ensures the accuracy and continuity of all Meds/Doctor Orders/MARS, etc.
- Staff must commit themselves to improvement in documentation and accuracy of the tasks involved with assisting with medications administration.

This memo stands as review, staff must address the following items when completing documentation and administering medication. Many of these items have been previously reviewed with all staff; please ensure that you are being thorough when completing all necessary tasks.

- All medications are to be counted in and out at every staff's shift change.
- Ensure that you initial every spot on the MAR as you give that specific med. We have been cited because staff has left blanks during their shifts!
- Don't initial spots that you don't actually give the medication. The pill may be listed several times, read the order, and dispense correctly and initial correctly.
- Write legibly do not write your initials over another staff's spot without an explanation for doing so.
- Write small enough to fit your initials in the appropriate space.
- If a PRN medication is not given- the put an X in that spot, so that you can acknowledge it was not given.

- If a medication is refused then do not initial that you gave the med. Put an X in the box and then turn over the MAR and write a note about the incident on the back of the page.
- All dispensed Medication's should match current Doctor's Orders.
- All Medications should go through a 3 step confirmation.
 - o 1. All MAR's should match current Doctor's Orders.
 - o 2. Ensure all medications received from the pharmacy are accurate and match current doctor's orders.
 - o 3. Medication labeling (pill packs, bottle labels, or external med labels) should match the MAR.
- If a medication is temporary ensure the Doctor's Order has an end date. After the end date mark the MAR stating END Date and mark through rest of months dates. Ensure the medication is no longer in the active pill pack or the active med area and that the client is no longer taking or using the medication after the end date. Ensure the following month the medication has not been placed again on the MAR by the pharmacy by mistake- ensure the MAR is correct and current. (When necessary communicate with the Group Home Coordinator to assist in calling the doctor to update orders if a temporary med does not have an assigned end date).
- If the medication is something that may be used again such as a cream, then make sure the Doctor's order, the MAR, and the medication is marked PRN. (When necessary communicate with the Group Home Coordinator to assist in calling the doctor to update orders to state PRN).
- Ensure that you read every pill pack or bottle to ensure that you are giving the correct medication at the correct time to the correct person.
- Do not dispense any expired medications.
- Please check PRN, over the counter, and topical medications (Creams, EPI pens, etc.) regularly to ensure they have not expired.
- Please ensure EXTERNAL medications such as skin creams or suppositories (anything that does not go in the mouth) are stored separately from internal medications. You may use a Ziploc bag to separate internal and external medications but you need to LABEL the bag EXTERNAL MEDICATION do not ingest.
- Please make sure the appropriate amount of each medication is sent home when residents go on therapeutic leave (this includes PRN medications and emergency items such as EPI Pens).
- Med Error or reports concerning lost or missed meds should be completed by the staff person who makes or discovers the error. It is not the responsibility of the SIC to write reports for issues that occur during the Relief SIC shift. RELIEF SIC should be responsible for writing up ANY issues that occur while on duty.

If you have, any questions regarding this memo please feel free to contact me.

Kara Cody



Vocational & Life Skills Training
for Adults with Disabilities

Medication Administration, Documentation, and General Accuracy Staff Confirmation Form

My signature stands as confirmation that I have received or reviewed training information in The Workshop of Davidson Expectations in regards to assisting with medication administration, documentation of medication administration, ensuring proper signature and initials on MARs, keeping external and internal medication stored separately and I understand my accountability for this information. I understand my responsibilities to the persons I serve and to The Workshop of Davidson to include: an accurate and timely completion of all assigned duties and documentation and if ongoing issues occur with my performance in these areas disciplinary action can occur.

Staff Signature

Date

Mailing Address

P.O. Box 906
Lexington, NC 27293-0906

Location:

275 Monroe Road
Lexington, NC 27292

Group Homes

226 West Ninth Street, Lexington, NC
509 Shoaf Street, Lexington, NC

Telephone: (336) 248-2816

Fax: (336) 248-4995

Email: info@workshopofdavidson.org

www.workshopofdavidson.org



Vocational & Life Skills Training
for Adults with Disabilities

Monthly Medication Checklist

This form and a complete review of each residents **MEDICATIONS, DOCTOR'S ORDERS, MEDICATION ADMINISTRATION RECORDS (MAR), and WHAT IS BEING RECEIVED FROM THE PHARMACY** will be completed by the Supervisor in Charge on a monthly basis.

A quarterly review will be conducted by the Group Home Coordinator.

Name: _____ Record #: _____

Medicaid # _____

Has the resident had any medical appointments this month? Yes _____ No _____

If Yes list appointment date(s) _____

Did any medication changes occur this month? Yes _____ No _____

Date(s) of medication changes/ new Doctor Order: _____

Is this a completely new medication? Yes _____ No _____

Is this a change in a currently prescribed medication? Yes _____ No _____

Does the Medication Administration Record (MAR) match all current Doctor's Orders?

Yes _____ No _____

Do medications received from the pharmacy correctly match all current Doctor's Orders and the MAR?

Yes _____ No _____

Has the resident taken any Therapeutic Leave this month? Yes _____ No _____

Were the appropriate amount of medications INCLUDING PRN meds (Ex. EPI Pens or other emergency items) sent home? Yes _____ No _____

Were the appropriate amount of medications returned after therapeutic leave?

Yes _____ No _____

Name: _____

Record #: _____

Medicaid # _____

If medications were lost or not returned appropriately have replacement medications been ordered at the pharmacy? Yes _____ No _____

Have all refills on PRN or other necessary medications been called in to the pharmacy for the month? Yes _____ No _____

Have all refills been received and are in stock? Yes _____ No _____

Have all EXPIRATION DATES been reviewed on each medication? Yes _____ No _____

Have all expired medications been removed from medication storage and been disposed of properly (with completion of medication disposal form)? Yes _____ No _____

Are all EXTERNAL medications stored separately from INTERNAL medications? (Example kept in a separate container or a Ziptop bag labeled EXTERNAL MEDICATION DO NOT INGEST) Yes _____ No _____

Are all First Aid Supplies kept separately from medications? Yes _____ No _____

Have all PRN meds been checked for a matching PRN label and PRN Doctor's Order? Yes _____ No _____

Have all MAR's been completed correctly with all signatures and initials in place? Yes _____ No _____

If any temporary Medications have been ended has the MAR been updated and has the medication been removed from med area? Yes _____ No _____

Comments: _____

Signature/Title

Date



Vocational & Life Skills Training
for Adults with Disabilities

May 14, 2024

Becky Hensley
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. Hensley:

Please find enclosed the plan of correction required per the annual survey completed April 29, 2024 at The Workshop of Davidson Group Home I (MHL-029-025). Thank you for your assistance during this review.

Sincerely,

Kara Cody
Executive Director

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P.O. Box 906
Lexington, NC 27293-0906

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