Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-092	A. BUILDING: ______ B. WING ______	R 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOWAN HOME	1389 LAKE TAHOMA ROAD MARION, NC 28752

(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	INITIAL COMMENTS An annual and follow up survey was completed on 4/15/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The facility is licensed for 3 and has a current census of 3. The survey sample consisted of an audit of 3 current clients.	V 000		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall	V 116	V116- Client medications will be sent in original packaging when clients go out of the AFL home for home visits. Additionally, the client's family members must take responsibility for, and administer medications to the client during home visits. This is not a new development or policy; the AFL provider agrees that these policies will be followed. Family members will receive a paper copy of the client's MAR with directions for administration of medications for medications administered when the client is away on home visits. Clients medications will not be sent in a pill box or in any other packaging aside from the original packaging, which includes information to support the medication name, dose, number of tablets to administer, and the times due. Clients are not permitted to self-administer medications without an order from their primary physician. RECEIVED MAY 13 2024 DHSR-MH Licensure Sect	04/30/2024

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: MSN, RN, QP
(X6) DATE: 5/6/2024

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V 116	Continued From page 1 not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure dispensing of medications was restricted to pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 3 clients (#1). The findings are: Record review on 4/11/24 for Client #1 revealed: -Date of admission: 12/1/20. -Diagnoses: Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Depression, Diabetes Mellitus Type II, Overactive Bladder, Vitamin D Deficiency. -Physician ordered medications dated 11/13/23 included : -Sertraline 25mg (milligram) (depression) 1 tablet daily. -Vitamin D3 5000iu (international units) (deficiency) 1 tablet every morning. -Guanfacine 2mg (explosive behaviors) 1 tablet twice daily. -Divalproex ER (extended release) 250mg (bipolar) 1 tablet twice daily.	V 116		

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V 116	Continued From page 2 -Amantadine 100mg (tremors) 1 tablet twice daily. -Risperidone 0.5mg (bipolar) 1 tablet at bedtime. -Trazadone 100mg (sleep) 1 tablet at bedtime. -Aripiprazole 30mg (aggression) 1 tablet daily. -Omeprazole 20mg (reflux) 1 capsule daily. -Oxcarbazepine 300mg (bipolar) 1 tablet twice daily. -In addition, physician orders included: -Toviaz 4mg (overactive bladder) 1 tablet daily ordered 2/15/24. -Naproxen 500mg (pain) 1 tablet daily for 7 days ordered 2/29/24. -Tizanidine 2mg (muscle spasms) 1 tablet daily PRN (as needed) ordered 2/29/24. -Benedryl 25mg (allergic reactions) take as directed from over the counter PRN ordered 8/18/23. Interview on 4/11/24 with Client #1 revealed: -He did not know the names of his medications or how many he took every day. Interview on 4/12/24 with Client #1's Grandmother revealed: -Client #1 had visited them for Easter weekend, Friday afternoon until Monday morning (3/29/24-4/1/24). He usually visited every couple of months for a weekend but had not been home since Christmas. -"[Client #1]'s medications were sent with him in a weekly planner like I use." -"[AFL Provider] just told us [Client #1] got his medications at 8am and 8pm." -She did not know what each medication was in the weekly planner.	V 116		

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V 116	Continued From page 3 Interview on 4/12/24 with the Alternative Family Lliving provider revealed: -He packed Client #1's medications in a weekly planner pack when he visits his grandparents. -There were no labels on the weekly planner, just the day of the week and am or pm. -Client #1 visits his grandparents 3-4 times a year. This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 116		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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	(D) date and time the drug is administered; and (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.		V118- Staff administering medications at this AFL was given refresher training between April 15, 2024 and April 17, 2024.	04/17/2024
			The AFL staff was able to demonstrate competence in pulling and administering medications for each of the clients in the home during each medication pass observed by NCOGH, LLC administrative staff (VP and RN) during the dates of April 15, 2024 and April 22, 2024. Additionally, electronic medication administration documentation supports that all ordered medications were administered within an hour before or an hour after each medication was due to be administered.	04/22/2024
	This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to ensure medications were administered on the written order of a physician, failed to ensure MARs were kept current affecting 3 of 3 clients (#1, #2, #3) and staff (Alternative Family Living (AFL) provider) failed to demonstrate competency in medication administration. The findings are:		NCOGH, LLC administrative staff (QP for the home and/or the RN) will periodically monitor medications stored in the home to ensure that medications are being administered on time, that all medications ordered are available, and to ensure that no expired or discontinued medications remain in the home.	Ongoing, but at least monthly
	Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V116) Based on record reviews and interviews, the facility failed to ensure dispensing of medications was restricted to pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 3 clients (#1). Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V119) Based on record reviews, interviews, and observation, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (#1).		Finally, the timeliness of medication administration documentation is being monitored weekly to ensure ongoing compliance with NC DHHS rules and regulations for medication administration in licensed AFL homes.	Ongoing, but monitored weekly on Fridays

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V 118	Continued From page 5 Record review on 4/11/24 for Client #1 revealed: -Physician ordered medications included: -Detrol 4mg (milligram) (overactive bladder) 1 tablet daily ordered 2/14/24 discontinued 2/15/24. Review on 4/12/24 of MARs dated 2/1/24-4/11/24 for Client #1 revealed: -The following AM medications were documented as administered on 2/1-2/3/24, 2/5/24, 2/9-2/11/24, 2/13/24, 2/15/24, 2/17-2/18/24, 2/24/24, 2/27/24, 2/29/24, 3/1-3/2/24, 3/4/24, 3/6-3/7/24, 3/9-3/12/24, 3/14-3/17/24, 3/23/24 outside the 2-hour window to administer. (28 doses) -Sertraline. -Vitamin D3. -Guanfacine. -Divalproex. -Amantadine. -Aripiprazole. -Omeprazole. -Oxcarbazepine. -Nasacort. -Detrol was documented as administered daily from 2/16/24-4/11/24. (56 doses) -Toviaz was documented as administered 2/15/24, 2/17-2/18/24, 2/24/24, 2/27/24, 2/29/24, 3/1-3/2/24, 3/4/24, 3/6-3/7/24, 3/9-3/12/24, 3/14-3/17/24, 3/23/24 outside the 2-hour window to administer. (19 doses) -Naproxen was not documented as administered 2/29/24, 3/1/24, 3/2/24, 3/4/24. (4 doses) -Tizanidine was not documented as administered at all in February or March 2024. -There was no documentation of administration for benedryl. -The following PM medications were documented as administered on 2/6/24, 2/8/24, 2/14/24, 2/17/24, 2/28/24, 3/3/24, 3/6/24, 3/10-3/12/24,	V 118		

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3/17/24, 3/22/24 outside the 2-hour window to administer. (12 doses)
-Guanfacine.
-Divalproex.
-Amantadine.
-Risperidone.
-Trazadone.
-Oxcarbazepine.

Record review on 4/11/24 for Client #2 revealed:
-Date of admission: 1/27/21.
-Diagnoses: Mild Intellectual Developmental Disability (IDD), Schizophrenia.
-Physician ordered medications dated 11/13/23 included:
-Haloperidol 10mg (schizophrenia) 1 tablet 3 times daily.
-Vitamin D3 1000iu (international unit) (deficiency) 1 tablet daily.
-Gabapentin 300mg (pain) 1 tablet 3 times daily.
-Benztropine 0.5mg (tremors) 1 tablet twice daily.
-Atorvastatin 10mg (cholesterol) 1 tablet every evening.
-Amitriptyline 25mg (depression) 1 tablet at bedtime.

Review on 4/12/24 of MARs dated 2/1/24-4/11/24 for Client #2 revealed:
-The following AM medications were documented as administered on 2/1-2/3/24, 2/5/24, 2/9-2/11/24, 2/13/24, 2/15/24, 2/17-2/18/24, 2/24/24, 2/27/24, 2/29/24, 3/1-3/2/24, 3/4/24, 3/6-3/7/24, 3/9-3/12/24, 3/14-3/17/24, 3/23/24 outside the 2-hour window to administer. (28 doses)
-Haloperidol.
-Vitamin D3.
-Gabapentin.

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-Benztropine.
-The following 4pm medications were documented as administered on 2/5/24, 2/7-2/8/24, 2/10-2/12/24, 2/15/24, 2/18-2/19/24, 2/21-2/22/24, 2/24/24, 2/26/24, 3/2/24, 3/4/24, 3/8-3/9/24, 3/13/24, 3/15/24, 3/19/24, 3/23/24, 4/6/24 outside the 2-hour window to administer. (21 doses)
-Haloperidol .
-Gabapentin.
-The following PM medications were documented as administered on 2/6/24, 2/8/24, 2/14/24, 2/17/24, 2/28/24, 3/3/24, 3/6/24, 3/10-3/12/24, 3/17/24, 3/22/24 outside the 2-hour window to administer. (12 doses)
-Haloperidol.
-Gabapentin.
-Benztropine.
-Atorvastatin.
-Amitriptyline.

Record review on 4/11/24 for Client #3 revealed:
-Date of admission: 9/1/20 .
-Diagnoses : Moderate IDD, Mood Disorder, Disruptive Behavior Disorder, Idiopathic Epilepsy.
-Physician ordered medications dated 11/13/23 included:
-Pantoprazole 40mg (gastroesophageal reflux) 1 tablet daily.
-Lisinopril 10mg (hypertension) 1 tablet once daily.
-Aripiprazole 15mg (mood) 1 tablet twice daily.
-Benztropine 1mg (tremors) 1 tablet daily.
-Multivitamin (supplement) 1 tablet daily.
-Lamotrigine 150mg (mood) 2 tablets twice daily.
-Lorazepam 1mg (anxiety/agitation) 1 tablet twice daily and PRN (as needed).
-Risperidone 0.5mg (behaviors) 1 tablet at

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V 118	Continued From page 8 bedtime. -Trazodone 50mg (sleep) 1 tablet at bedtime. -Sertraline 25mg (mood) 1 tablet at bedtime. -Desmopressin 0.2mg (nocturia) 1 tablet at bedtime. -Vitamin D 50,000iu (deficiency) 1 capsule every Wednesday. Review on 4/11/24 of MARs dated 2/1/24-4/11/24 for Client #3 revealed: -The following AM medications were documented as administered on 2/1-2/3/24, 2/5/24, 2/9-2/11/24, 2/13/24, 2/15/24, 2/17-2/18/24, 2/24/24, 2/27/24, 2/29/24, 3/1-3/2/24, 3/4/24, 3/6-3/7/24, 3/9-3/12/24, 3/14-3/17/24, 3/23/24 outside the 2-hour window to administer. (28 doses) -Pantoprazole. -Lisinopril. -Aripiprazole. -Benztropine. -Multivitamin. -Lamotrigine. -Lorazepam. -Vitamin D was documented as administered 3/6/24 outside the 2-hour window to administer. -The following PM medications were documented as administered on 2/6/24, 2/8/24, 2/14/24, 2/17/24, 2/28/24, 3/3/24, 3/6/24, 3/10-3/12/24, 3/17/24, 3/22/24 outside the 2-hour window to administer. (12 doses) -Aripiprazole. -Lamotrigine. -Lorazepam. -Risperidone. -Trazodone. -Sertraline. -Desmopressin. Record review on 4/11/24 of personnel record for	V 118		

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the AFL Provider revealed:
-Date of hire: 9/5/19
-Medication administration training: 9/13/19

Interview on 4/11/24 with Client #1 revealed:
-Takes medication but doesn't know what they are.
-"I took a pink pill before I left the house this morning cause I had a runny nose. I didn't use the nasal spray."
-"I don't use the nasal spray very much; it's prn."

Interview on 4/11/24 with Client #2 revealed:
-"Take medication but can't remember the names."
-"[AFL Provider] gives it (medications) to me every day; morning, night and at 4pm."
-"[AFL Provider] never forgets (to administer medications)."

Interview on 4/11/24 with Client #3 revealed:
-"Take medication for behavior problems but haven't had any (behavior problems) for a while."

Interviews on 4/12/24 and 4/15/24 with the dispensing pharmacist revealed:
-Nasacort for Client #1 was last filled 8/1/22 but was also available for over the counter purchase.
-Lorazepam for Client #1 was last filled 4/21/22 and was PRN.
-Insurance for Client #1 would not cover Detrol so the prescriber switched to Toviaz. The Detrol was never filled.
-"Mental health medications should be administered the same time every day. It's important to give medications such as oxcarbazepine, lamotrigine, risperidone at regular intervals. [Client #3] is on blood pressure medication which could cause a spike in blood pressure if not given when ordered."

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-Other possible side effects of not administering medications as ordered could include breakthrough behaviors.

Interviews on 4/12/24 and 4/15/24 with the AFL Provider revealed:
-The internet connection for his home is horrible. "When I use the MAR on my phone and submit, it works fine 90% of the time. Have I forgotten to log meds (medications), of course I have. Sometimes, I submit the information when I get to the day program (and connect to wifi)."
-"My process is to pull the meds, give (administer) to the clients, then log it. Normally I will chart it (on the MARs) right here when I do it."
-"I set alarms on my phone to remind me to document."
-"[Client #1] might ask for the nasal spray once a month."
-"[Client #1] only took the pain meds a few days for back pain ...I believe [Client #1] got his muscle relaxer but I don't recall. He complained about his lower right side and went to see [Registered Nurse (RN)]. She called [Nurse Practitioner] and told us to pick up the med card. We finished the punch cards and threw the empty cards away."
-"I give [Client #3] the Vitamin D every Monday."
-"I don't recall when I took the med class ...protocol was to administer 1 hour before or 1 hour after; within that 2 hour window."

Interview on 4/11/24 with the Qualified Professional (QP) revealed:
-Had been QP for the facility since November 2023.
-Saw the clients almost daily at the day program.
-Had only completed virtual visits to the facility. She did not review medications virtually.
-The RN was responsible for monitoring medications.

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Interview on 4/11/24 with the RN revealed:
-Identified the pink pill Client #1 reported taking this morning as benedryl although the electronic MAR was not documented as administered.
-"[Client #1] never received Detrol. It's my fault for leaving it on the MAR."
-She taught the medication classes. "The curriculum is clear about administering meds 1 hour before or 1 hour after."
-Sent several group text blasts in March (2024) to all staff reminding them of medication requirements of administering 1 hour before or 1 hour after scheduled time.

Interview on 4/15/24 with the Vice President revealed:
-Have not had a Director since February.
-Was not sure why the QP had not been to the facility .
-"Can't play around with meds. Hate to disrupt the clients' living situation but we've got to make sure they're safe."

Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.

This deficiency constitutes a recited deficiency.

Review on 4/15/24 of Plan of Protection dated 4/15/24 and signed by the Vice President revealed:
-"What immediate action will the facility take to ensure the safety of the consumers in your care?
-QP/RN will provide refresher training to AFL provider staff on medication management and documentation. Training will focus on maintaining medications, dispensing medications and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-092	A. BUILDING: ______ B. WING ______	R 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOWAN HOME	1389 LAKE TAHOMA ROAD MARION, NC 28752

(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 118	Continued From page 12 documentation of medications. Training will be completed by 4/17/2024. -QP/Admin (administrator) will observe staff in the home during medication administration to ensure policies and procedures are being followed accurately. QP/Admin will ensure AFL provider staff is administering medications accurately. Medication administration observations will begin on 4/15/2024 and will continue daily through 4/21/2024. Random checks will occur after this date. QP/RN will check all medications in the AFL to ensure that only current, prescribed medications are in the medication cart. This will be completed on 4/16/2024 and checked monthly thereafter. Describe your plans to make sure the above happens. -QP/Admin will monitor electronic medication administration record daily for AFL to ensure timely documentation for both daily medication passes in the home. MAR monitoring will begin 4/15/2024 and will continue daily for two weeks (4/29/2024). Random checks will continue hereafter. -QP/Admin will make daily visits to the AFL for one week to ensure compliance (4/15/24-4/22/2024) and random, weekly visits will continue until 5/15/2024. Monthly visits will resume at this time." Facility clients were diagnosed with Mild to Moderate IDD, Schizophrenia, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Depression, Mood Disorder, Disruptive Behavior Disorder, Diabetes Mellitus Type II, Idiopathic Epilepsy, Overactive Bladder. Client #1 received 28 doses of 9 morning medications, 19 doses of 1 medication and 12 doses of 6 evening medications outside the 2-hour window for administration. Client #2 received 28 doses of	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GOWAN HOME	1389 LAKE TAHOMA ROAD MARION, NC 28752

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V 118	Continued From page 13 4 morning medications, 21 doses of two 4pm medications and 12 doses of 5 medications outside the 2-hour window for administration. Client #3 received 28 doses of 7 morning medications, 1 dose of 1 weekly medication and 12 doses of 7 evening medications outside the 2-hour window for administration. Client #1's Detrol was documented as administered daily for 56 doses but was never delivered to the facility and discontinued within 24 hours of it's being ordered. An expired Nasacort was documented as administered daily for 70 doses but both Client #1 and AFL Provider reported not taking it daily. Naproxen and tizanidine were ordered for Client #1 for 7 days but only 3 days of naproxen were documented as administered. There was no documentation of administration of the tizanidine muscle relaxer that was ordered with the naproxen although AFL Provider reported throwing out the empty medication cards after Client #1 completed both. While the RN could monitor medications electronically and sent reminder s to AFL Provider to document administration of medications, no one including the QP had been to the facility to look at the medications . Additionally, AFL Provider dispensed Client #1's medications into a weekly planner for a weekend visit to his grandparents. It was impossible to determine what medications were in the weekly planner. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription	V 119	See Next page for detailed POC documentation	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOWAN HOME	**1389 LAKE TAHOMA ROAD MARION, NC 28752**

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V 119	Continued From page 14 medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (#1). The findings are: Record review on 4/11/24 for Client #1 revealed: -Date of admission: 12/1/20 -Diagnoses: Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder,	V 119	During monthly visits, QP will review all medications to ensure there are no expired medications being kept with the clients' scheduled and PRN medications. In the event that expired medications are identified or it is noted that medications will soon expire, medications will be reordered and removed from the medication supply.	ongoing last check completed 04/17/2024 and will continue monthly during home visits

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V 119	Continued From page 15	V 119		

Intermittent Explosive Disorder, Depression, Diabetes Mellitus Type II, Over Active Bladder, Vitamin D Deficiency.
-Physician ordered medications dated 11/13/23 included:
-Lorazepam 0.5mg (milligram) (anxiety) take 1 tablet twice daily PRN (as needed) for agitation.
-Nasacort 24 hour allergy spray (allergies) 2 sprays daily.

Observation on 4/11/24 of medications for Client #1 revealed :
-Bottle of Nasacort with manufacturer's expiration of 6/2023.
-Bubble pack of Lorazepam dispensed on 4/21/22, expired on 4/21/23.

Interview on 4/11/24 with Client #1 revealed:
-"I don't use nasal spray every day; it's just PRN."

Interview on 4/12/24 with the local pharmacist revealed:
-Nasacort for Client #1 was last filled 8/1/22, but was also available for over the counter purchase.
-Lorazepam for Client #1 was last filled 4/21/22 and was PRN.

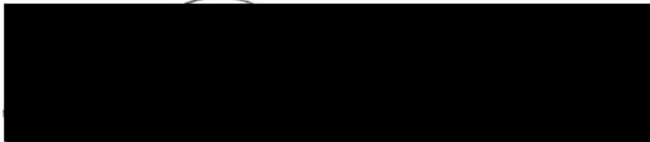
Interview on 4/11/24 with the Alternative Family Living Provider revealed:
-Client # 1 did not use the Nasacort every day.
-"It has been a long while since [Client #1] needed the PRN lorazepam."

This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.

Certificate of Achievement

THIS ACKNOWLEDGES THAT

HAS COMPLETED MEDICATION ADMINISTRATION REFRESHER TRAINING INCLUDING: TIMELY DOCUMENTATION IN REAL TIME, THE FIVE RIGHTS OF MEDICATION ADMINISTRATION, AND MONITORING OF MEDICATION EXPIRATION DATES.



TRAINER

4/17/24

DATE

NORTH CAROLINA OUTREACH GROUP HOMES, LLC

SUBJECT: **Quality Professional (QP) and Associate Professional (AP) Monitoring Policy**

EFFECTIVE DATE: **May 2, 2024**

North Carolina Outreach Group Homes, LLC (NCOGH, LLC) shall have a written policy outlining the policy in place regarding in-person visits and monitoring for all clients served by NCOGH, LLC. This policy applies to all employees working as a Quality Professional (QP) or Associate Professional (AP).

PURPOSE

To ensure that specific criteria are in place to support the process necessary to ensure that all clients are being monitored at least monthly by their designated QP/AP.

POLICY

All clients shall be monitored in person at least monthly by their respective QP/AP. For all clients, monthly monitoring may take place in a location agreed upon by the caregiver/family member and QP/AP. An in-person visit should take place at least quarterly (every three months) in the client's home environment unless prior arrangements have been made and/or have been approved by the employee's direct supervisor.

PROCEDURES

The QP/AP shall schedule and attend an in-person monitoring with each assigned client and their caregiver(s) at least monthly.

- If a visit must be rescheduled, it is the responsibility of each QP/AP to ensure the required visit occurs within the same calendar month, unless extenuating circumstances exist. In this instance, the employee should notify their direct supervisor. Alternative options will be discussed to ensure that the required visit is completed, as required.
- If, at any time, a client and/or caregiver is not cooperative or resistant to comply with the monthly monitoring requirement, the QP/AP will notify their direct supervisor for further assistance.

ADMINSTRATIVE

- For all AFL Homes, the QP/AP will assist with medication monitoring during home visits. This includes checking to ensure that no medications have expired or are close to the printed expiration date. Additionally, this monitoring will also serve to ensure that all required/ordered medications are present and available for administration to the client/clients residing in the home.
  - When an ordered medication has expired or will expire within the next 30 days, the QP/AP should pull the medication from the medication supply and notify the AFL provider so that a replacement dose can be ordered from the client's designated pharmacy.
  - Expired drugs can be flushed or returned to the pharmacy for disposal. Expired drugs CANNOT be left or kept in any AFL or Group Home setting.
  - Any questions regarding the requirements of medication monitoring in AFL homes will be addressed with NCOGH, LLC's Registered Nurse or designated medical personnel.

Date of departure:____/____/____ Date of return:____/____/____

MEDICATION TRANSFER LOG

Client Name:___________________________

MEDICATION	Amount leaving	Amount returned

Prior to departure:
Staff name:____
Staff Signature: ____
Responsible party name: ___________________________________
Responsible party signature: ________________________________

Upon return:
Staff name:____
Staff Signature: ____
Responsible party name: ___________________________________
Responsible party signature: ________________________________