

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580
--	--

(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 May 10, 2024. 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 Disabilities.</p> <p>This facility is license 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>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 _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580
--	--

(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	<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, interview, and observation, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 05/09/24 of client #1's record revealed: - 83 year old male. - Admission date of 06/08/93. - Diagnoses of Schizophrenia, Moderate Intellectual Developmental Disability (IDD), Hearing Loss, Allergic Rhinitis, Hypokalemia, Psychotic Disorder and Auditory Hallucinations.</p> <p>Review on 05/09/24 of client #1's medication orders revealed: - Benztropine (treats Parkinson's type symptoms) 0.5 milligrams (mg) - take one twice daily. - Rosuvastatin (treats high cholesterol) 5mg - take once daily.</p> <p>Review on 05/09/24 of a facility level 1 incident report for client #1 revealed: - Date of incident: 03/24/24. - Time of incident: 10:45pm. - Type of incident: Missed Dose was checked.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580
--	--

(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	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Medication name: Benztropine. - Description of incident: Staff #5 noticed a red flag on the e-mar for client #1's benztropine. He called the pharmacy. Pharmacist authorized to give medication. Benztropine was administered at 10:55pm rather than the scheduled time of 8pm. <p>Review on 05/09/24 of client #1's February 2024 MAR revealed:</p> <ul style="list-style-type: none"> - Rosuvastatin had run out and a level 1 incident report was created. <p>Finding #2: Review on 05/09/24 of client #2's record revealed;</p> <ul style="list-style-type: none"> - 50 year old male. - Admission date of 03/03/15. - Diagnoses of Moderate IDD, Schizophrenia, Seizures, Insomnia, Hyponatremia, Diabetes, Anemia and Vitamin D Deficiency. <p>Review on 05/09/24 of client #2's signed medication orders dated 05/01/24 revealed:</p> <ul style="list-style-type: none"> - Haloperidol (antipsychotic) 10 milligrams (mg) - take 1 tablet twice daily. - Haloperidol 5mg - take 1 tablet at noon. - Lorazepam (antianxiety) 1mg - take 1 tablet at noon. - Metformin (treats diabetes) 500mg - take 1/2 tablet in morning. - Chlorpromazine (antipsychotic) 100mg - take 2 tablets three times daily. - Benztropine (treats Parkinson's type symptoms) 2mg - take 1 tablet twice daily. <p>Review on 05/09/24 of facility level 1 reports for client 32 revealed:</p> <p>A:</p> <ul style="list-style-type: none"> - Date of Incident: 04/26/24-04/27/24. - Time of incident: 8am, 12pm and 2pm. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580
--	--

(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	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Type of incident: Wrong dose and missed dose identified. - Metformin was discovered to have been missed on 04/27/24. - The 12pm medications of Lorazepam and Haloperidol were missed 05/26/24. - "The 2pm dose of Chlorpromazine had a potential overdose for Saturday the 27th." - The pharmacy was notified of all medication errors. <p>B:</p> <ul style="list-style-type: none"> - Date of incident: 04/15/24. - Time: 7:50pm. - Missed dose identified. - Benztropine was unavailable for administration at designated time. - The pharmacy sent the medication later in the evening and was given at "11:10pm." <p>Review on 05/09/24 of client #2's February 2024 and April 2024 MARs revealed medication errors:</p> <p>April 2024</p> <ul style="list-style-type: none"> - No staff initials to indicate Chlorpromazine 100mg was administered on 04/25/24 at 2pm. - Lorazepam 1mg med needed to be refilled. - Haloperidol and Lorazepam at 12pm medication. <p>February 2024</p> <ul style="list-style-type: none"> - 02/08/24 Haloperidol and lorazepam was not administered at 12pm. - 02/08/24 Chlorpromazine was not administered 100mg at 2pm. - 02/12/24 was not administered at 2pm. <p>Interview on 05/09/24 client #2 stated he received his medication daily.</p> <p>Interview on 05/10/24 staff #5 stated:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580
--	--

(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	<p>Continued From page 4</p> <ul style="list-style-type: none"> - He had training in medications. - He had missed administering medications and the pharmacist was notified. <p>Interview on 05/09/24 the Director Operations stated:</p> <ul style="list-style-type: none"> - There had been frequent issues with medications and staff receive ongoing training. - All medication errors are reported to the pharmacy and level 1 incident reports completed. - The pharmacy had issues with not sending medications. - He had addressed concerns with the pharmacy. - He wanted to ensure all clients received their medications as ordered. 	V 118		