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
	MHL032-634	A. BUILDING: _____ B. WING _____	05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GORDON'S PLACE	811 SUMMER STORM DRIVE DURHAM, NC 27704

(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 survey was completed on May 10, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client.	V 000	AMS Physician order form was updated on 5/15/2024 by IDD Director. AMS QP' s were retained on Medication Administration records on 5/22/2024. AMS QP's will provide refresher trainings to all AFL Providers at AMS before 6/30/2024. All AFL providers will be provided the updated Physician's order forms. AMS AFL provider will submit MAR forms along with Physician order forms the 5th of every month for the previous month. AMS QP's will review MAR forms and Physician order forms and turn into AMS Director or AMS Supervisor for Review before the 15th of each month.	5/15/2024 5/22/2024 6/30/2024 Monthly and ongoing
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; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have physician's orders affecting one of one client (#1). The findings are: Review on 5/8/24 of client #1's record revealed: -Admission date of 7/20/23. -Diagnoses of Mild Intellectual Disability, Schizophrenia, Anxiety Disorder, Post-Traumatic Stress Disorder, Traumatic Brain Injury and Diabetes. -There were no physician's orders for the medications below. Observation on 5/8/24 at approximately 2:25 pm client #1's medication revealed: The following medications were available for administration -Propranolol HCL 60 milligrams(mg) (High Blood Pressure), one tablet in morning -Calcium 40 mg (bone health), one tablet daily -Pioglitazone 45 mg (Diabetes), one tablet in morning -Finasteride 5 mg (Urinary Retention), one tablet in morning -Metformin 500 mg (Diabetes), one tablet in morning	V 118		

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V 118	Continued From page 2 -Benztropine 1 mg (Anti-tremor), one tablet 2 x daily Review on 5/8/24 of MARs for client #1 revealed: -May 2024-The above medications were administered 5/1 thru 5/8. -April 2024-The above medications were administered 4/1 thru 4/30. Interview on 5/8/24 with the Director revealed: -She was taking a form with her whenever client #1 had medical appointments. -She had client #1's Physician sign physician's orders for his medication. -She was told she no longer needed to take that form with her to client #1's medical appointments. -She stopped taking that form to his medical appointments and that was the reason why client #1 didn't have physician's orders for all of his medication. -She confirmed the facility failed to ensure physician's orders were available for client #1.	V 118		

Jayemma Gaines BSQP IDD Director 5-23-2024

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Physician's Order Form

Name: _____ **D.O.B:**_____

Medicaid #:_____ **Record#:**_____

Date	Drug	QTY	Dosage	Instructions	Refills

Physician (print name):_____
Phone#:_____Fax#:_____
Address:_____
This patient and/or guardian has received written___oral___(*check one*) Information from me about the purpose of these medications and their potential side effects.

Physician Signature: _____Date: _____