STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-067	A. BUILDING: _____ B. WING _____	R 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS HOME	501 FRENCH MOUNTAIN DRIVE MARION, NC 28752

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on May 30, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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		

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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 interviews, record reviews and observations, the facility failed to keep the MARs current for 3 of 3 audited clients (Clients #1-#3). The findings are: Review on 5/29/24 and 5/30/24 of Client #1's record revealed: -Date of admission: 2/14/24. -Diagnoses: Autism, Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, and Bipolar 1 Disorder-Severe-Depressed-Psychotic. -Physician orders included: -Clindamycin Phosphate 1% Top Soln (Topical Solution), 1 application to affected areas on skin twice daily, dated 12/20/23. Review on 5/29/24 and 5/30/24 of Client #1's MAR dated March 2024-May 2024 revealed: -Clindamycin Phosphate 1% Top Soln, 1 application to affected areas on skin twice daily PRN (as needed). -Medications and instructions for administration were type written on the MARs. -"PRN" was handwritten next to the instructions on each of the MARs. -Medication was administered 15 times in March 2024.	V 118		

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V 118	Continued From page 2 -Medication was not administered in April and May 2024. Observation on 5/30/24 at 9:00am of Client #1's medication revealed: -Clindamycin Phosphate 1% Top Soln, 1 application to affected areas on skin twice daily, dispensed 4/5/24. Review on 5/29/24 and 5/30/24 of Client #2's record revealed: -Date of admission: 2/2/18. -Diagnoses: Intellectual Developmental Disability, Unknown Multiple Congenital Anomaly Syndrome, Obesity, and Enuresis. -Physician orders included: -Hydroxyzine HCL (Hydrochloride) 50 MG (milligram) tablet (tab), 1 to 2 tabs orally at bedtime as needed for sleep, dated 3/5/24. Review on 5/29/24 and 5/30/24 of Client #2's MAR dated March 2024 revealed: -Hydroxyzine HCL 50 MG tab, take 1 to 2 tab orally at bedtime for sleep (instructions for administering were handwritten). -MAR was initialed as administered from 3/8/24-3/31/24. -Was not documented as to the dosage (number of tabs) administered. Review on 5/29/24 and 5/30/24 of Client #2's MARs dated April 2024 and May 2024 revealed: -Hydroxyzine HCL 50 MG tab, take 1 to 2 tabs orally at bedtime as needed for sleep. -MARs were initialed as administered every day from 4/1/24-5/28/24. -Was not documented as to the dosage (number of tabs) administered. Review on 5/29/24 and 5/30/24 of Client #3's	V 118		

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V 118	Continued From page 3	V 118		

record revealed:
-Date of admission: 7/12/23.
-Diagnoses: Autistic Disorder, Moderate Intellectual Developmental Disability, and Intermittent Explosive Disorder.
-Physician orders included:
-Trazodone HCL 50 MG tab, Take 1-2 Tablets orally at bedtime, dated 2/16/24.
-Propranolol HCL ER (extended release) 160 MG cap (capsule), Take 1 cap orally twice daily, dated 5/24/24.
-No documentation of initial order for Propranolol HCL ER dated March 2024.
-No documentation of discontinue order or medication changes for Propranolol HCL ER up to the current order dated 5/24/24.

Review on 5/29/24 of Client #3's MAR dated March 2024 revealed:
-Trazodone HCL 50 MG tab, Take 1-2 tabs orally at bedtime.
-Trazodone HCL 50 MG tab was administered daily but not documented as to the dosage (number of tabs) administered.
-Propranolol HCL ER 120 MG cap, Take 1 cap orally once daily, started 3/23/24.

Review on 5/29/24 of Client #3's MAR dated April 2024:
-Trazodone HCL 50 MG tab, Take 1-2 tabs orally at bedtime.
-Trazodone HCL 50 MG tab was administered daily but not documented as to the dosage (number of tabs) administered.
-Propranolol HCL ER 120 MG cap, Take 1 cap orally once daily, discontinued 4/19/24.
-Propranolol HCL ER 160 MG cap, Take 1 cap orally once daily, started 4/20/24.

Review on 5/29/24 and 5/30/24 of Client #3's

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V 118	Continued From page 4 MAR dated May 2024: -Trazodone HCL 50 MG tab, Take 1-2 tabs orally at bedtime. -Trazodone HCL 50 MG tab was administered daily but not documented as to the dosage (number of tabs) administered. -Propranolol HCL ER 160 MG cap, Take 1 cap orally once daily. -Propranolol HCL ER 160 MG cap, Take 1 cap orally twice daily, started 5/24/24. Observation on 5/30/24 at 9:16am of Client #3's medication revealed: -Propranolol HCL ER 160 MG cap, Take 1 caps orally twice daily, dispensed 5/24/24. Interview on 5/30/24 with AFL Provider #1 revealed: -The Qualified Professional) came to the facility once a month and reviewed the MARs periodically. -The QP reviewed any issues or changes in medications with the AFL Provider. -The pharmacy printed the MARs. -Hand wrote the medication name and administering instructions on the MAR when a medication is ordered after the MARs for the month are distributed by the pharmacy. -Would scan new prescriptions and email to the QP. -"...didn't know I had any (medication issues) until yesterday (5/29/24)." Interview on 5/29/24 with the QP revealed: -Went to the facility at least monthly to check in and follow up with the AFL Provider. -Was responsible for reviewing MARs and obtaining new prescriptions. -Reviewed the medications every 6 months. -"...get the meds (medications)...look at the MARs	V 118		

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V 118	Continued From page 5 and make sure everything is ok." -The AFL Provider was working on getting a new order for Client #1. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		