

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL069-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/30/2024
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NAME OF PROVIDER OR SUPPLIER PAMLICO COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 554 HIGHWAY 306 NORTH GRANTSBORO, NC 28529
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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, complaint and follow up survey was completed on May 30, 2024. The complaint was unsubstantiated (intake #NC217110). 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 licensed for 5 and has a census of 4. 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>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(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.</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 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 05/29/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 19 year old male. - Admission date of 04/02/24. - Diagnoses of Autistic Disorder, Attention Deficit Hyperactivity Disorder (ADHD)-Combined Type, Mild Intellectual Developmental Disability and Persistent Mood Disorder. <p>Review on 05/29/24 of client #4's signed medication orders dated 04/03/24 revealed:</p> <ul style="list-style-type: none"> - Cetirizine (treats allergies) 10 milligrams (mg) - take once daily. - Clonidine Extended Release 12 hour (treats ADHD) 0.1mg - take one tablet twice daily. - Colace Clear Capsule (treats constipation) 50mg - take one capsule nightly. - Fluticasone (treats seasonal allergies) 50mg - instill 2 sprays in each nostril every morning. - Lamotrigine (treats mood) 100mg - take 1/2 	V 118		

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V 118	<p>Continued From page 2</p> <p>tablet twice daily.</p> <ul style="list-style-type: none"> - Levothyroxine (treats thyroid issues) 25 micrograms (mcg) - take 1 and 1/2 tablets every morning. - Olanzapine (antipsychotic) 5mg - take 1 tablet in morning and 2 tablets at bedtime. - Omeprazole (treats reflux) 20mg - take 1 tablet daily. - Clindamycin Phosphate-1% (treats acne) - apply twice daily after washing face. <p>Review on 05/29/24 of client #4's May 2024 MAR revealed:</p> <ul style="list-style-type: none"> - Cetirizine - no staff initials to indicate administration on 05/01/24 and 05/02/24. - Clonidine - no staff initials to indicate administration on 05/01/24 thru 05/03/24 at 8am and 05/01/24 and 05/02/24 at 8pm. - Colace Clear Capsule - no staff initials to indicate administration on 05/01/24 and 05/02/24. - Fluticasone - no staff initials to indicate administration on 05/01/24 thru 05/03/24. - Lamotrigine - no staff initials to indicate administration on 05/01/24 thru 05/03/24 at 8am and 05/01/24 and 05/02/24 at 8pm. - Levothyroxine - no staff initials to indicate administration on 05/01/24 thru 05/03/24. - Olanzapine - no staff initials to indicate administration on 05/01/24 thru 05/03/24 at 8am and 05/01/24 and 05/02/24 at 8pm. - Omeprazole - no staff initials to indicate administration on 05/01/24 thru 05/03/24. - Clindamycin Phosphate-1% - no staff initials to indicate administration on 05/01/24 thru 05/03/24 at 8am and 05/01/24 and 05/02/24 at 8pm. <p>Interview on 05/29/24 client #4 stated:</p> <ul style="list-style-type: none"> - He had resided at the facility for approximately 1 month. - He received his medications daily from staff. 	V 118		

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V 118	Continued From page 3 - He did not miss medications. Interview on 05/30/24 the House Manager stated: - No clients had missed any medications. - The internet may be out and unavailable for documentation on the electronic MAR. - Staff should document administration of medications.	V 118		