

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-796	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/03/2024
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NAME OF PROVIDER OR SUPPLIER FOOT STEPS TO SUCCESS	STREET ADDRESS, CITY, STATE, ZIP CODE 504 THISTLEGATE TRAIL RALEIGH, NC 27610
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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 and follow up survey was completed on 6/3/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(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.</p> <p>(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.</p> <p>(4) Other than for emergency use, facilities shall</p>	V 116		

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

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V 116	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were dispensed on the written order of a physician for 1 of 1 client (#1). The findings are:</p> <p>Review on 6/3/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/22/21 - diagnoses: Schizophrenia, Intermittent Explosive Disorder and Mild Intellectual Developmental Disability - physician order dated 1/31/24 for the following medications: - Atomoxetine 80mg (milligrams) morning (ADHD) - Linzess 145mcg daily (irritable bowel syndrome) - Sertraline 100mg daily (depression) - Pantoprazole 40mg twice day (reflux) - Gabapentin 300mg 2 three times (seizure) - Trazadone 100mg 2 bedtime (depression) - Atorvastatin 40mg bedtime (cholesterol) <p>Observation & interview with the Licensee on 6/3/24 at 3:50pm revealed:</p> <ul style="list-style-type: none"> - empty bubble pack of the Atorvastatin 	V 116		

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V 116	<p>Continued From page 2</p> <ul style="list-style-type: none"> - weekly pill planner with different color & size pills - licensee showed a white oval pill from pill planner - she stated it was the Atorvastatin <p>During interview on 6/3/24 the Associate Professional reported:</p> <ul style="list-style-type: none"> - last visited the facility May 2024 - was not aware the Licensee administer the medications from a weekly pill planner - medications should be administered from the pill pack <p>During interview on 6/3/24 the Licensee reported:</p> <ul style="list-style-type: none"> - client #1 was on a "a lot" of medications - was not aware she could not put the pills in a weekly planner 	V 116		
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</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>recorded immediately after administration. The MAR is to include the following:</p> <ul style="list-style-type: none"> (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. <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 and interview the facility failed to keep 1 of 1 client (#1) MAR current and record immediately after administration. The findings are:</p> <p>Review on 6/3/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/22/21 - diagnoses: Schizophrenia, Intermittent Explosive Disorder and Mild Intellectual Developmental Disability - physician order dated 1/31/24 for the following medications: - Atomoxetine 80mg (milligrams) morning (ADHD) - Linzess 145mcg daily (IBS) - Sertraline 100mg daily (depression) - Pantoprazole 40mg twice day (reflux) - Gabapentin 300mg 2 three times (seizure) - Trazadone 100mg 2 bedtime (depression) - Atorvastatin 40mg bedtime (cholesterol) 	V 118		

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V 118	<p>Continued From page 4</p> <p>Review on 6/3/24 of client #1's May 2024 MAR revealed:</p> <ul style="list-style-type: none"> - a blank MAR - no documentation of medication administration for the entire month of May <p>During interview on 5/31/24 client #1 reported:</p> <ul style="list-style-type: none"> - she received her medication daily <p>During interview on 6/3/24 the Licensee reported:</p> <ul style="list-style-type: none"> - she spilled hot coffee on the May 2024 MAR - she had to get another May MAR but did not have time to record her initials - aware a MAR was not current during last year survey due to she spilled coffee on the MAR - "I love coffee" - "Will have to stop drinking coffee when giving medications" <p>During interview on 6/3/24 the Associate Professional reported:</p> <ul style="list-style-type: none"> - visited the facility in May 2024 - did not review the MARs - Had spoken with the Licensee in the past regarding blank MARs - she waited until the end of the month to initial the MARs - informed her the MAR has to be initialed daily after the medication was administered <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		