

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/01/2024
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NAME OF PROVIDER OR SUPPLIER LUNSFORD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAKE VIEW DRIVE MARION, NC 28752
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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 8/1/24. A deficiency was 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 2. The survey sample consisted of audits of 2 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		

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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>(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 reviews, interviews, and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to ensure that MARs were kept current affecting 2 of 2 clients (#1, #2). The findings are:</p> <p>Record review on 7/30/24 for Client #1 revealed: -Date of admission: 7/19/17. -Diagnoses: Schizophrenia, Mild Intellectual Developmental Disability (IDD), Mood Disorder, Attention Deficit Hyperactivity Disorder, Dysthymia, Impulse Control Disorder, Borderline Personality Disorder, Chronic Obstructive Pulmonary Disease, Asthma, Hyperlipidemia, Pre-diabetes. -Physician's order dated 5/30/24 included: -Urea 40% cream - Apply to heel calluses nightly followed by gentle debridement with pumice stone after bathing 1-2 times monthly.</p> <p>Review on 7/29/24 of MARs dated 5/1/24-7/29/24 for Client #1 revealed: -There were 54 dates with no signature to indicate application of Urea 40% Cream to Client #1's heel calluses out of a total number of 59 opportunities.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Interview on 7/30/24 with Client #1 revealed: -She always received her medications but didn't know what she was administered. -She scrubbed the calluses on her heels maybe twice (since it was ordered on 5/30/24) after she soaked her feet in Epsom salt and put her lotion on them.</p> <p>Record review on 7/30/24 for Client #2 revealed: -Date of admission: 9/7/21. -Diagnoses: Chronic Kidney Disease, Hyperlipidemia, Severe Obesity, Vitamin D Deficiency, Speech/Language Delay due to Hearing Loss, Moderate IDD, Non-rheumatic Mitral Insufficiency, Hypothyroidism, Heart Failure, Focal and Partial Epilepsy and Epileptic Syndromes with Complex Partial Seizures, Atrophy of Thyroid, Gastroesophageal Reflux Disease, Atrial Fibrillation, Unspecified Psychosis, Insomnia, Other Disorders of Psychological Development, Anxiety Disorder. -Physician's order dated 2/26/24 included: -Aripiprazole 10mg (milligram) (psychosis) 1 tablet daily. -Clonazepam 0.5mg (agitation) 1 tablet up to 2 tablets daily PRN (as needed).</p> <p>Review on 7/29/24 of MARs dated 5/1/24-7/29/24 for Client #2 revealed: -Aripiprazole was documented as administered daily 5/1/24-7/29/24. -Clonazepam was documented as administered 7/20/24 and 7/27/24.</p> <p>Observation on 7/29/24 at approximately 1pm of Client #2's medications revealed: -Daily pre-filled packets of medications were dispensed on 6/21/24 with a label across the top of the 7 day sheet which indicated the name of the medications enclosed, drug description,</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>instructions, prescriber, and scheduled time for administration. There was no aripiprazole listed on the label. There were 8 daily pre-filled packets of medications remaining. The monthly distribution for August 2024 of daily pre-filled packets of medications for Client #2 dated 7/23/24 were also present. There was no listing of aripiprazole which indicated inclusion of that medication in the daily pre-filled packets for the 30-day supply.</p> <p>Interview on 7/30/24 with Client #2 was attempted but she did not respond to questions.</p> <p>Interview on 7/31/24 with the dispensing pharmacist revealed: -Order for aripiprazole 10mg for Client #2 was written on 3/4/24 for a 3 month supply with 3 refills. -"We fill 6000 prescriptions and unfortunately this was easy to miss." -Client #1's calluses would have remained hard, possibly cracking, without daily application of the Urea 40% cream. -Client #2 "would have no adverse effects (without aripiprazole) but likely an exacerbation of mental health symptoms ...such as hearing voices or increased agitation."</p> <p>Interviews on 7/30/24 and 7/31/24 with the pharmacy manager revealed: -Was able to pull historical information to determine the last time Client #2's aripiprazole was dispensed was 5/21/24. -"Don't know what happened ...I have no explanation ...it (aripiprazole) just wasn't there." -Client #2 had been taking aripiprazole 10mg one tablet daily since at least September 2021. -"Caregivers should still check the [daily pre-filled packets] when they receive them."</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Prepared an additional supply of the aripiprazole as well as repacked the most recently dispensed medication packs to include aripiprazole.</p> <p>Interviews on 7/29/24 and 7/31/24 with the Alternative Family Living (AFL) Provider revealed: -When asked why Client #1 didn't use the Urea 40% cream on her calluses nightly she responded, "I misunderstood that (order)." Her calluses were scrubbed with the stone and the cream applied which was dated on the MAR. -"I didn't check the pack (looking for Client #2's aripiprazole) ...I guess I should have." -"I did see an increase in agitation in July (for Client #2)The past few weeks she had been aggressive toward [Client #1] twice ...threw a metal coffee mug at her and broke a window ...I picked her up today (7/31/24) from the day program because she was throwing chairs outside the day program ...yelling and screaming ...This was her 3rd PRN (clonazepam administration) this month."</p> <p>Interview on 7/30/24 with the Qualified Professional (QP) revealed: -Had not noticed that aripiprazole was not included in pharmacy packs.</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> <p>Review on 8/1/24 of Plan of Protection dated 8/1/24 and signed by the Chief Executive Officer (CEO) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -The facility has already reached out to pharmacy to receive the missing medication.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-The pharmacy has already sent the missing medication as of 8/1/2024.</p> <p>-AFL staff will be required to follow through with additional medication administration training. Describe your plans to make sure the above happens.</p> <p>-CEO has already requested a formal sit down with AFL staff for 8/2/2024 at 9am to ensure proper medication protocols are followed.</p> <p>-CEO has scheduled a medication administration class for AFL staff for 8/2/2024."</p> <p>The facility served 2 clients whose diagnoses included, but were not limited to, Mild to Moderate IDD, Unspecified Psychosis, Anxiety Disorder, and other disorders of psychological development. Client #2 was prescribed aripiprazole 10mg daily to reduce mental health symptoms associated with psychosis. The AFL provider did not administer the medication for 22 days from 7/7/24 to 7/29/24 as it was not included in the pre-filled medication packets delivered by the pharmacy and used by the facility for medication administration. The July 2024 MAR reflected the medication was administered daily, despite the facility not having the medication for administration. Client #2 experienced increased aggression and agitation during this period for which she required administration of Clonazepam PRN. Client #1 was prescribed Urea 40% cream to be applied to hard heel calluses nightly followed by gentle debridement with a pumice stone after bathing 1-2 times monthly. There was no documentation of application of Urea 40% cream for 54 out of a possible 59 application periods. This deficiency constitutes a Type B rule violation which is detrimental to health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 118		