


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/22/2024
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NAME OF PROVIDER OR SUPPLIER PALM HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESLEY WAY GREENSBORO, NC 27405
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 8/22/24. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 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	The Program Manager was on vacation during the annual visit. When the PM [REDACTED] the following actions plan was put into place. On September 1, the owner [REDACTED] had a meeting with the PM. It was agreed that at the beginning of every month when the MAR is developed another staff the(TM) which is a CNA would review the MAR to make sure that no visible errors are on the MAR and the everything match the medication dosage. IE(take medication, BID the would be two lines one for am and the other for pm The owner corrected the MAR for both clients on 8/22/24. On the 23th of August the owner [REDACTED] finish training each staff on how to corectly document the Mar. A training session was schedule with the nurse for 9/25/24 The PM ([REDACTED]) talked to each staff individually on the 26 of August of the important of documenting the medication given even though their is not space provided for it. The staff was also told to call the [REDACTED] to make him aware of the error. On September 1, the PM called Friendly Pharmacy and ask them to not to send medication automatically anymore.	8-26-24 8/22/24 8/23/24 8/26/24 9/1/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Traci Martin 	TITLE Owner/ Admin	(X6) DATE 9/11/24
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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 review, observation and interview, the facility failed to ensure the MARs were kept current and failed to administer medications on the written order of a person authorized by law to prescribe medications affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Reviews on 8/20/24 and 8/22/24 of Client #1's record revealed: - Admission date of 9/18/20. - Diagnoses of Moderate Mental Retardation and Autism - Physician orders dated 4/5/24 and 5/7/24 for the following medications: - Vitamin B12 2500 mcg (micrograms) tablet: 1 tablet sublingually once a day. - Famotidine 20 mg: 1 tablet orally 2 times a day.</p> <p>Reviews on 8/20/24 and 8/22/24 of Client #1's MARs from June 2024 through August 2024 revealed: - June 2024 - August 2024: Vitamin B12 (vitamin B12 deficiency): 250 mg (milligrams) dissolve 1 tablet under the tongue 1 time per day. - July 2024: Famotidine (gastroesophageal reflux disease) take 20 mg tablet by mouth 2 times per</p>	V 118	<p>All medication would be checked for expiration dates , monthly</p> <p>The owner and the office manager would do monthly audits on the MAR's to make sure that medication is given properly and is written out and signed correctly. The PM would send the office a copy of the MAR at the end of every month. The Administrator would check the MAR for accuracy.</p> <p>On September 25,, 2024 a refresher training was schedule on the importance of documentation of the medication on the MAR. The training main focus was reading the label and checking the label against the Mar for accuracy.</p>	9/25/2024

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V 118	<p>Continued From page 2</p> <p>day. There were no staff initials at 7 am on the following dates: 1, 2, 3, 8, 9, 12, 16, 18, 21, 22, 23, 29, 30, and 31.</p> <p>Observation on 8/20/24 at 1:56 pm of Client #1's medications revealed:</p> <ul style="list-style-type: none"> - Vitamin B12 had the following dosage listed on the bubble packet: 2500 mcg - Famotidine had the following dosage listed on the bubble packet: 20 mg <p>Reviews on 8/20/24 and 8/22/24 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 9/1/22. - Diagnoses of Autistic Disorder; Moderate Intellectual Disabilities; Attention-Deficit Hyperactivity Disorder; Combine Type; and Intermittent Explosive Disorder - Physician order dated 2/1/24 for the following medications: <ul style="list-style-type: none"> - Oxcarbazepine (seizures) 300 mg: 10 ML (milliliter) 2 times per day. - Levetiracetam (seizures) 100 mg: 5 ML by mouth 2 times per day. <p>Reviews on 8/20/24 and 8/22/24 of Client #2's MARs from June 2024 through August 2024 revealed:</p> <ul style="list-style-type: none"> - Oxcarbazepine 60 mg: take 10 ML 2 times per day. - Levetiracetam 100 mg: 5 ML by mouth 2 times per day: the second dose was not documented. <p>Attempted interviews on 8/20/24 with clients #1 and client #2:</p> <ul style="list-style-type: none"> - Unable to interview. <p>Interview on 8/22/24 with staff #3 revealed:</p> <ul style="list-style-type: none"> - The Qualified Professional created the written MARs each month. 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - He administered client #2's morning dose of Levetiracetam. - He administered client #1's Famotidine in the morning and initialed each time he administered the Famotidine. He was unsure why there were blanks on the MARs for client #1's in the morning. <p>Interview on 8/22/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The Qualified Professional created the written MARs each month. She was "not responsible for writing up the MARs." - "[Client #1] gets it (Levetiracetam 100 mg) twice day." She works 4 days a week. Staff #4 was the other staff who administered the Levetiracetam to client #2. - Client #2's Levetiracetam pm dose was not written on the mar but "we are going to fix the MAR." - Client #1's Famotidine had blanks on the July 2024 MAR "he could have been on a home visit." She did not work on the days there were no initials for client #1's Famotidine. <p>Interview on 8/22/24 with staff #2 revealed:</p> <ul style="list-style-type: none"> - He administered client #1's Levetiracetam to him at 7 pm each day. - He did not initial that he was giving client #1 his pm dose "because there was not a place to sign off on the medication." <p>Attempted interview on 8/22/24 with the Qualified Professional (QP)</p> <ul style="list-style-type: none"> - QP was out of the country and could not be contacted. <p>Interview on 8/22/24 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The Qualified Professional created the written MARs each month. - She had no idea why Client #2's Oxcarbazepine dosage was written on the MARs as 60 mg 	V 118		

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V 118	<p>Continued From page 4</p> <p>instead of 300 mg. "I think he (QP) made a typo error."</p> <ul style="list-style-type: none"> - Client #2 received 10 ML 2 times a day of the Oxcarbazepine. - Client #2's MAR was missing a line for the pm dose of Levetiracetam, but he was "getting it twice a day." - The QP forgot to "write out the second line, but staff have been giving it 2 times a day." She talked to the staff today and "they all stated that he was getting it twice a day because it was written on the MAR to take twice a day." - Client #1's Famotidine had blanks on the July 2024 MAR because "to be honest I really don't know why." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		