

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2024
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NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM-PUDDIN'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 14645 BLACK FARMS ROAD HUNTERVILLE, NC 28078
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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 9-10-24. Deficiencies were 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 six and currently has a census of six. The survey sample consisted of audits of three 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	<p>SEE NEXT PAGE</p> <p>RECEIVED</p> <p>OCT 10 2024</p> <p>DHSR-MH Licensure Sect</p> <p>Finding # 1 on next page.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
TITLE

(X6) DATE
Executive Director **10-07-2024**

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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 and interviews the facility failed to the medications were dispensed according the the physicians order, effecting two of three audited clients (Clients #1, and #2). The findings are:</p> <p>Finding #1</p> <p>Review on 9-9-24 of Client #1's Physician's orders revealed: - 1-23-24: Myrbetriq 50 mg (milligrams) TB 24 for bladder control, One tablet daily.</p> <p>Review on 9-9-24 of Client #1's MAR's for July 2024, August 2024 and September 2024 revealed: -July 26 through July 31, no Myrbetriq 50 mg (milligrams) TB 24 was given. Not in the MAR revealed that the pharmacy had not delivered it. -August 1, 3, 4, 5, 6, 7, 8, and 9 MAR was not given with a note in the MAR revealed that the facility was waiting on a refill from the pharmacy.</p> <p>Finding #2</p> <p>Review on 9-9-24 of Client #2's Physician's orders revealed: -Calmoseptine .44-20.6% (for skin</p>	V 118	<p>Finding # 1 Hinds' Feet Farm will ensure refills are up to date in the following way (s) in order correct this deficiency. 1.HFF Coordinators and will review weekly (w/ a contract RN) all medications with scheduled refills. 2. When refill needs are identified a request will be made to the provider / prescriber directly w/ a log on all calls and not rely solely on the pharmacy to request refills. 3. HFF will on all routine appts. w/ outside prescribing providers, review all meds and note any upcoming refill needs that may be needed prior to the next appointment; and request a written order at the time.</p> <p>In addition to the above mentioned plan of correction, HFF will revert back to all orders being in one general location for a more consistent review by coordinators and RN. This should allow for less dependency on the Electronic Med Administration Record/ Systems.</p>	<p>Oct 2,2024</p> <p>Oct.7 2024</p>



Beth Callahan, Executive Director


10/07/24

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V 118	Continued From page 2 breakdown) apply to buttocks twice daily 11-22-22, Fibercon 625 mm (milligrams) (for constipation) give one tablet at bedtime 5-7-24, Levothyroxine Sodium 112 MCG (micrograms) (thyroid) 5-7-24. Review on 9-9-24 of Client #2's MAR's July 2024, August 2024 and September 2024 revealed: -September 4, no Fibercon available, note in the MAR revealed the medication was out but had been ordered. -August 17th, Levothyroxine Sodium 112 mcg not given, note in MAR revealed medication was not in the facility. -July 1 through 13th, Calmoseptine 0.44-20.6% not given, not in the MAR revealed the medication was not in the facility. Interview on 9-9-24 with the Director revealed: -The facility has a nurse, but she has been out on medical leave for a few months. -They don't know if it is a problem with the pharmacy, the staff not ordering in time, or a combination of both. -They would fix the problem immediately. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118	Finding 2 Same as above. Finding is due to not having the medication. HFF will assure orders medication refills are reviewed each week and take the responsibility for contacting the provider/ prescriber and not relying on the pharmacy for refills.	10/02/2024
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;	V 120	see next page for POC	

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V 120	<p>Continued From page 3</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that medications were stored separately for each clients effecting one of three audited clients (Client #3). The findings are:</p> <p>Observation on 9-10-24 of Client #3's medications revealed: -External medication Jublia 10% solution was stored in the same drawer with no divider with Client #4's external medications.</p> <p>Interview on 9-10-24 with the Operations Coordinator revealed: -He knew that internal medications needed to be stored separately, but did not know that internal medications also needed to be stored separately for each client.</p> <p>Interview on 9-10-24 with the Director revealed: -She would make sure that all internal and</p>	V 120	<p>v. 120 POC External Meds are not stored with internal meds and are not stored separately per client.</p> <p>Separate containers labeled for each client/ resident are now being used and labeled w/ initials and med cart drawer is labeled external meds.</p>	9/17/2024


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V 120	Continued From page 4 external medications were stored separately for each client.	V 120	POC all external meds now have separate containers per client.	

 Beth Callahan, Executive Director 10/7/24

