

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NIXON PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1525 NIXON STREET DURHAM, NC 27707</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on October 15, 2024. 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 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 review, observation and interviews, the facility failed to administer medication on the written authorization of a physician for one of three clients (#1). The findings are:</p> <p>Review on 10/15/24 of Client #1's record revealed: -Admission date of 12/17/24. -Diagnoses of Intellectual Developmental Disability, Moderate; Schizophrenia; Pervasive Developmental Disorder; Childhood Disintegrative Disorder; Seizure Disorder.</p> <p>Review on 10/15/24 of Client #1's physicians order dated 12/7/23 revealed: -Montelukast 10 Milligrams (mgs) - take one tablet every day at 8 p.m. (allergies). -Olopatadine Hydrochloride (HCL) 0.2% eye drops - place one drop in both eyes one time a day at 8 a.m. (relieve itchy eyes). -Alendronate 70mgs - take one tablet one time a week 30 minutes before breakfast at 7 a.m. (osteoporosis).</p> <p>Review on 10/15/24 of Client #1's MAR for August-September 2024 revealed blanks on the following dates:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Montelukast 10 Milligrams (mgs) - 8/17 and 8/18 at 8 p.m.</li> <li>-Olopatadine Hydrochloride (HCL) - 8/31 at 8 a.m.</li> <li>-Alendronate 70mgs - 9/4 at 7a.m.</li> </ul> <p>Review on 10/15/24 of Client #1's Count sheet for August-September 2024 revealed: -All medications mentioned were available.</p> <p>Interview on 10/15/24 with the Residential Manager revealed: -He was responsible for reviewing the MAR's every Monday, Wednesday and Friday to ensure compliance. -Client #1's medication was available in August and September 2024.</p> <p>Interview on 10/15/24 with the Human Resource Manager revealed: -Staff were supposed to initial the MAR when administering medication and on the medication count sheet. -Medication count sheet was specific and included in the medication administration training for the company. -She would schedule medication administration refresher for all employees.</p> <p>Interview on 10/15/24 with the Executive Director revealed: -Staff focus should be to initial on the MAR before documenting on the medication count sheet. -Going forward, staff would receive a verbal warning and then a write up depending on severity. -Medication administration refresher would be scheduled within 60 days.</p>	V 118		