

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/17/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY LIVING GUEST HOME #6

**252 DAN TAYLOR ROAD
WASHINGTON, NC 27889**

(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	INITIAL COMMENTS An annual and follow up survey was completed on October 17, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 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	<i>* See attachment</i> RECEIVED OCT 31 2024 DHSR-MH Licensure Sect	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

72HO11

BSN, RN, CP, CBLS

10/24/24

If continuation sheet 1 of 5

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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 administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited clients (#1, #4 and #6). The findings are:</p> <p>Finding #1: Review on 10/17/24 of client #1's record revealed: - Admission date of 05/18/21. - Diagnoses of Autism Spectrum Disorder, Schizoaffective Disorder, Intermittent Explosive Disorder and Extrapyrimalal and Movement Disorder Unspecified.</p> <p>Review on 10/17/24 of medication orders for client #1 dated 03/20/24 revealed: - Benzoyl peroxide (treats acne) - apply twice daily. - Clonidine (treats high blood pressure) 0.1 milligrams (mg) - take 2 tablets twice daily. - Divalproex (treats seizures) 500mg - take 2 tablets twice daily. - Lacosamide (treats seizures) 200mg - take twice daily. - Lorazepam (treats anxiety) 0.5mg - take 1 tablet twice daily. - Risperidone (anti-psychotic) 3mg - 1 tablet twice</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>daily.</p> <p>Review on 10/17/24 of client #1's August 2024 thru October 16, 2024 MARs revealed: August 2024 thru October 16, 2024</p> <ul style="list-style-type: none"> - Benzoyl peroxide - transcribed as apply twice daily. Staff documented once daily at 8am. No area on the MARs for staff to document administration at 8pm. No staff initials to indicate the medication was administered twice daily as ordered. <p>October 2024</p> <ul style="list-style-type: none"> - No staff initials to indicate the following medications were administered on 10/05/24 at 8pm - Clonidine, Divalproex, Lacosamide, Lorazepam, and Risperidone. <p>Interview on 10/17/24 client #1 stated he received his acne medication once daily in the morning.</p> <p>Finding #2: Review on 10/17/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 08/22/24. - Diagnoses Gastroesophageal Reflux Disease (GERD), History of Seizures, Diabetes, Hypertension and Hyperlipidemia. <p>Review on 10/17/24 of client #4's signed medication orders dated 08/14/24 revealed:</p> <ul style="list-style-type: none"> - Atorvastatin (treats cholesterol) 20mg - take one at bedtime. - Benztropine (treat symptoms of Parkinson's disease) 1mg - take one at bedtime. - Carbamazepine (anticonvulsant) 400mg - take one tablet twice daily. - Denta 5000 plus (fluoride) - apply twice daily. <p>Review on 10/17/24 of client #4's October 2024</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>MAR revealed:</p> <ul style="list-style-type: none"> - No staff initials for the following medications on 10/05/24 at 8pm - Atorvastatin, Benztropine, Carbamazepine and Denta 5000 plus. <p>Interview on 10/17/24 client #4 stated he received his medications daily as ordered.</p> <p>Finding #3:</p> <p>Review on 10/17/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 10/01/24. - Diagnoses of Traumatic Brain Injury, GERD, Vascular Dementia, Hyperthyroidism, Hyperlipidemia, Mood Disorder and Overactive Bladder. <p>Review on 10/17/24 of client #6's medication orders dated 10/02/24 revealed:</p> <ul style="list-style-type: none"> - Atorvastatin 80mg - take 1/2 tablet at bedtime. - Carvedilol (treats high blood pressure) 6.25mg - take twice daily. - Oxybutynin (treats symptoms of overactive bladder) 5mg - take twice daily. - Trazodone (antidepressant) 100mg - take two tablets at bedtime. <p>Review on 10/17/24 of client #6's October 2024 MAR revealed:</p> <ul style="list-style-type: none"> - No staff initials for the following medications on 10/05/24 at 8pm - Atorvastatin, Carvedilol, Oxybutynin and Trazodone. <p>Interview on 10/17/24 client #6 stated he received his medications daily.</p> <p>Interview on 10/17/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Staff should check the MARs to ensure accurate information was transcribed. 	V 118		

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V 118	<p>Continued From page 4</p> <p>- He would provide a plan of correction to address medication issues at the facility.</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>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

Country Living Guest Home, Inc,

217 East 9th St.

Washington, NC 27889

Plan of Correction (10/17/24) Country Living Guest Home #6

ID Prefix Tag	Plan of Correction	Complete Date
V118	<p>Select staff members will continue to have administrative privileges within the EMAR system. Administrative privilege allows designated staff members to "Approve" new medication orders, changes, and discontinuation orders. Currently, only agency RNs, QPs and QASs have such privileges.</p> <p>Prior to approving a medication order or change, designated staff will review the order and ensure that the EMAR reflects it correctly. The 6 Rights of Medication Administration will be utilized when reviewing and approving all orders.</p> <p>A review of this deficiency will be discussed in detail at the weekly management meeting. All parties with administrative privileges within the EMAR attend these meetings each week.</p> <p>██████████ RN,AP will provide additional training to direct care staff. Any discrepancy noted by direct care staff should be reported immediately to an RN with the agency M-F 8am-5pm or to the on-call phone after hours and weekends.</p> <p>The Quality Assurance Supervisors (QASs) will review the EMARs for their homes daily to ensure that all medications have been passed and documented. Any findings will be reported to ██████████ RN,AP or ██████████ RN,QP.</p> <p>██████████ RN,AP is responsible for reviewing the EMARs and running reports at least weekly and PRN. ██████████ RN,QP will continue to be responsible for ensuring that the EMAR reflects the current orders prescribed by treating practitioners.</p> <p>██████████ RN,AP and ██████████ RN,QP will continue to collaborate on quarterly chart reviews to ensure compliance with all orders and recommendations.</p>	10/24/24

Supervisor Signature: _____

Jeffrey Bell, BSN, RN, AP, CBL

Date: _____

10/24/24