

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER CHATHAM COUNTY GROUP HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 813 TANGLEWOOD DRIVE SILER CITY, NC 27344		
(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 survey was completed on 1/21/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Dvevelopmental Disability. This facility is licensed for 6 and has a current census of 4. 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		

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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 and interview, the facility failed to keep the MAR current affecting three of three current clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/17/25 of client #1's record revealed: -Admission date of 10/27/90. -Diagnoses of Severe Intellectual Disability, Ventral Hernia, Hyperlipidemia, Chronic Constipation, Chronic Cerumen Impaction, Migraines and Type II Diabetes. -Physician's order dated 12/27/24 for Metoprolol Succinate Extended Relief (ER) 50 milligrams (mg) (High Blood Pressure), one tablet in the morning; Quetiapine Fumarate 100 mg (Depression), one tablet at bedtime; Geri-Kot 8.6 mg (Constipation), two tablets twice a day and Atorvastatin 20 mg (High Cholesterol), one tablet at bedtime. -Physician's order dated 11/19/24 for Blood Glucose check, check on Tuesdays and Thursdays at 7:00 am and 7:00 pm.</p> <p>Review on 1/17/25 of client #2's December 2024 MAR revealed:</p> <p>-No staff initials to indicate the medication was administered for the following:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Metoprolol Succinate ER 50 mg on 12/22 and 12/23. Quetiapine Fumarate 100 mg on 12/27. Geri-Kot 8.6 mg on 12/27 am dose. Atorvastatin 20 mg on 12/27.</p> <p>-No staff initials to indicate blood glucose check was completed 12/24 at 7:00 am.</p> <p>Review on 1/17/25 of client #2's record revealed: -Admission date of 6/28/04. -Diagnoses of Severe Intellectual Disability, Diabetes Mellitus, Gastroesophageal Reflux Disease (GERD), Hypercholesterolemia, Benign Prostatic Hypertrophy (BPH) and Hypertension (HTN). -Physician's order dated 3/22/24 for Docusate Sodium 100 mg, one capsule in the morning and evening; Blood Pressure, check at 6:00 pm on Tuesdays, Thursdays and Sundays; Blood Glucose check , check on Tuesdays and Thursdays at 7:00 am and 4:30 pm.</p> <p>Review on 1/17/25 of client #2's January 2025 MAR revealed:</p> <p>-No staff initials to indicate the medication was administered on 1/1 thru 1/16 for the 8:00 pm dose of Docusate Sodium 100 mg. -No staff initials to indicate the blood pressure check was completed on 1/5 and 1/12. -No staff initials to indicate a blood glucose check was completed 1/2 at 7:00 am.</p> <p>Review on 1/17/25 at approximately 11:07 am of client #3's record revealed: -Admission date of 7/30/21. -Profound Intellectual Disability, Autism Spectrum Disorder and Attention Deficit-Hyperactivity Disorder (ADHD).</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 1/17/25 of physician's order dated 6/13/24 for client #3 revealed:</p> <ul style="list-style-type: none"> -Polyethylene Glycol Powder (Constipation), mix 17 grams in 8 ounces of liquid & drink every other day at morning. -Guanfacine Extended Relief (ER) 4 mg (ADHD), one tablet in the morning. -Divalproex Sodium ER 500 mg (Mental/Mood conditions), one tablet in the morning and one tablet at bedtime. -Hydroxyzine 50 mg (Itchiness and Anxiety), one tablet in the morning and one tablet at bedtime. -Risperidone 4 mg (Mental/Mood disorders), two 4 mg tablets in the morning and evening. -Trihexyphenidyl 2 mg (Prevent Parkinson-like symptoms) two tablets in the morning and evening. -Trazodone 150 mg (Major Depressive Disorder and Sleep Disorders), one tablet at bedtime. -Lamotrigine 200 mg (Seizures), one tablet at bedtime. <p>Review on 1/17/25 of client #3's December 2024 MAR revealed:</p> <p>No staff initials to indicate the medication was administered for the following-</p> <ul style="list-style-type: none"> -Polyethylene Glycol Powder on 12/25. -Guanfacine ER 4 mg on 12/25 and 12/26. -Divalproex Sodium ER 500 mg on 12/24 pm dose; 12/25 am/pm doses and 12/26 am dose. -Hydroxyzine 50 mg on 12/24 pm dose; 12/25 am/pm doses and 12/26 am dose. -Risperidone 4 mg on 12/24 pm dose; 12/25 am/pm doses and 12/26 am dose. -Trihexyphenidyl 2 mg on 12/24 pm dose; 12/25 am/pm doses and 12/26 am dose. -Trazodone 150 mg on 12/24 and 12/25. -Lamotrigine 200 mg on 12/24 and 12/25. 	V 118		

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V 118	Continued From page 4 Interview on 1/17/25 with the Case Manager revealed: -There were no issues with clients getting their medication. -Client #1 was on a home visit in December 2024. -Staff did not indicate the home visit for client #1 on the December 2024 MAR. -She acknowledged the 8:00 pm dose of Docusate Sodium was not documented as administered 1/1/25 thru 1/16/25 for client #2. -"I'm confused as to why this would happen the directions for two doses is clearly indicated on the MAR for [client #2]." -"I usually highlight the dates for the blood pressure to be taken but forgot to do so on the January 2025 MAR for the weekly Sunday check" for client #2. -"Staff should have known to do it regardless, it's clearly indicated to be done on Sundays on the MAR" for client #2. -She acknowledged the 1/2/25 7:00 am blood glucose check was not documented for client #2. -Client #3 was on a home visit for Christmas at the times the medication was not documented on the MAR in December 2024. -The home visit code (HV) was not documented on the MAR. -She confirmed the MARs were not kept current for clients #1, #2 and #3.	V 118		