

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PASSIONATE CARE HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WALNUT CREEK DRIVE CLAYTON, NC 27520		
(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 1/10/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	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		

Received by
MHL & C
2/06/24

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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 and interview the facility failed to administer medications on the written order of a physician and failed to keep MARs current for 1 of 2 clients (#2). The findings are:</p> <p>Review on 1/8/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 10/25/23 - Diagnoses: Bipolar Disorder, Degenerative Disc Disease, Hyperlipidemia, Insomnia, Benign Prostatic Hyperplasia, Nicotine Dependence - Physician's order dated 4/25/24 for cetirizine hydrochloride (hcl) 10 mg (milligram) take one tablet by mouth daily (allergies) - Physician's order dated 11/22/24 for "multivitamin" take one tablet by mouth daily (supplement) - Physician's discontinue order dated 11/22/24 for omeprazole 20 mg take 1 capsule by mouth in the morning before breakfast (reflux) <p>Review on 1/8/25 of client #2's MARs from 10/1/24-12/31/24 revealed:</p> <ul style="list-style-type: none"> - No staff initials that documented administration for multivitamin from 12/20/24-12/31/24 - No staff initials that documented administration for cetirizine hcl from 10/1/24-11/30/24 	V 118	<p>Plan Of Correction</p> <p>V118</p> <ol style="list-style-type: none"> 1. All staff attended and pass The Medication Administration Retraining on 02/01/2025. 2. The Administrator/Nurse will audit each medication records monthly and after each medical appointment to assure medication records matches the physician orders. 3. The Administrator/Nurse will audit each medication records monthly to assure compliance with documentation of all medications given. 4. The administrator /Nurse will monitor the medication closet each month to ensure discontinued medication are properly disposed/return to pharmacy. 		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Staff initials that documented administration for omeprazole from 11/23/24-12/31/24 <p>Interview on 1/8/25 client #2 reported:</p> <ul style="list-style-type: none"> - He had resided at the facility for a year and 2 months - He received his medication daily - He had no issues with receiving medication <p>Interview on 1/8/25 staff #1 reported:</p> <ul style="list-style-type: none"> - Client #2 went to the local veterans hospital for all medical needs and his sister attended the appointments with him - The veterans hospital sent client #2's medication directly to the facility via mail - The facility had difficulty getting information from client #2's sister regarding any medication updates or changes but often called the pharmacy at the veterans hospital for clarification - The pharmacy the facility used printed client #2's MARs for the facility monthly but had not added cetirizine hcl to client #2's MARs - Client #2 had received cetirizine hcl daily since it was initially ordered but it was not documented on the MARs for October 2024 and November 2024 - Was not sure why the multivitamin wasn't initialed from 12/20/24-12/31/24 - The multivitamin was administered daily since it was initially ordered on 11/22/24 - The veterans hospital had continued to send additional bottles of omeprazole so she continued to administer it despite having seen the discontinued order on 11/22/24 <p>Interviews on 1/8/25 and 1/10/25 the Facility Administrator reported:</p> <ul style="list-style-type: none"> - Client #2 knew his medication regimen and took his medication daily - Client #2's sister took him to the veterans 	V 118		

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V 118	Continued From page 3 hospital and no one from the facility ever attended the appointments - She was responsible for reviewing medication and MARs including ensuring physicians' orders matched the MARs, discontinued and expired medication was disposed of appropriately, and there was daily documentation of medication administration - "I take this as a hit on myself because as the administrator, I haven't been here like I should have been and haven't been on top of my staff " - Moving forward, she would be checking in medication when it was delivered from the pharmacy and the veterans hospital and staff #2 would be checking medication in with her to ensure accuracy - If a medication had been discontinued, she would ensure it was removed from the MARs herself - She had contacted the facility nurse and medication administration training would be completed with all staff again Due to the failure to accurately document medication administration, it could not be determined if the client received medication as ordered by the physician. This deficiency has been cited 3 times since the original cite on 8/13/21 and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive	V 736		

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V 736	<p>Continued From page 4</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 1/8/25 at approximately 10:25am revealed:</p> <ul style="list-style-type: none"> - A single high-pitched chirp every 60 seconds which originated from a smoke detector in the dining room - 2 of 5 light bulbs in the overhead dining room light were not working - The front of 1 cabinet drawer was missing in the kitchen - The floor around the front of the toilet in client #2's bathroom was stained with a brown substance in approximately a 4 inch by 1 inch area - The grates of the return air filter vent were covered in a layer of dust - The door which lead to client #2's bedroom had 2 areas approximately 10 inches by 5 inches that were smudged with a black substance - The inside of the door frame which lead to client #1's bedroom had an area approximately 10 inches long that was smudged with a black substance <p>Interview on 1/8/25 staff #1 reported:</p> <ul style="list-style-type: none"> - The smoke detector had chirped for a short time - All the smoke detectors had been tested and repaired recently but that one had started chirping again - Had notified the maintenance person on 1/6/25 that the smoke detector was chirping again <p>Interview on 1/8/25 the Facility Administrator</p>	V 736	<p>Plan Of Correction</p> <p>V736</p> <p>1.a) Smoke detector was replaced on 01/20/2025</p> <p>b.) The Administrator will monitor and replace the batteries in all the smoke detectors every six months as needed.</p> <p>2. a) The non working bulbs in the dining room overhead light fixture was replaced 01/20/2025</p> <p>b) The Administrator will monitor all fixtures for nonworking bulbs every six months and replace as needed.</p> <p>3 a) The cabinet drawer in kitchen was repaired on 01/20/2025.</p> <p>b) The Administrator will monitor and maintain repairs on all kitchen cabinets every month.</p> <p>4. a) The bathroom floor was mopped and disinfected on 01/09/2025</p> <p>b) The staff will monitor the bathroom floors every 4 hours and mopped and cleaned daily to eliminate the brown stain around the toilet.</p>	

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V 736	Continued From page 5 reported: - Had just asked staff #1 to replace the lights in the dining room earlier in the week - Not sure why the smoke detector was chirping again but she would get that repaired - Would ensure that client #2's bathroom was mopped and cleaned very well to eliminate the brown stain around the toilet This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	5. a) The grates of the return air filter were replaced on 01/20/2025 b) The Administrator will monitor the all return air filter grate monthly to ensure they remains dust free. 6 a) Client 1&2 bedroom doors was cleaned of black substance, and painted on 01/25/2025 b) The Administrator will monitor walls doors for any discoloring or stains daily and clean and repairs as need		