

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2016
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NAME OF PROVIDER OR SUPPLIER THE PATTERSON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3053 ROB CARSWELL STREET MORGANTON, NC 28655
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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
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C 338	<p>Continued From page 1</p> <p>drawer of the medication cart.</p> <ul style="list-style-type: none"> -The baskets labeled for Resident #1, #2 and #3, each contained multiple souffle cups containing various pills. -There were 6 unlabeled souffle cups in Resident #1's baskets. There were 22 pills in total inside the cups. -There were 3 unlabeled souffle cups in Resident #2's basket. There were 7 pills in total inside the cups. -There were 4 unlabeled souffle cups in Resident #3's basket. There were 7 pills in total inside the cups. <p>Interview with Staff A on 06/11/2016 at 11:55 am revealed:</p> <ul style="list-style-type: none"> -There were only 2 staff working for the facility, the other staff member was the Administrator. -The Administrator "pulls the medication up in advance sometimes" when the Administrator is going to be "gone". -Medications were prepared in advance for administration through the 06/12/2016 doses. -No policies or procedures in place for preparing medications in advance. -Staff was "always able to identify the pills in the cup by shape and size but if something didn't look right" she would double check the "pills in the cup" against the medication cards supplied by the pharmacy, but has not had to do this. -Preparing the medications in advance "does make it faster". -Sometimes "he pulls the meds early on for a day or two and not all the time." <p>Interview with the Administrator on 06/11/2016 at 1:15 pm revealed:</p> <ul style="list-style-type: none"> -No policies or procedures for the preparation of medications in advance. -"Sometimes I prepare the medications in 	C 338	<p>④ <u>COACHED STAFF</u> on 6/11/16 Finding other "time savers" in daily routine and not to take up meds as a "time saver".</p> <p>⑤ PLACED COPY OF NEW PEP FOR "ADVANCE medication prep" IN FRONT OF MAR5 AND ALSO put A copy of "Medication Admin" 10-A NCAC 136.1004 IN MAR5-</p>	
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*Reviewed and accepted
Cynthia Biddle*

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on June 11, 2016.	C 000		
C 338	<p>10A NCAC 13G .1004 (F-4) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration</p> <p>If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:</p> <p>(4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to assure medications prepared for administration in advance were kept in a sealed container that identified the name and strength of each medication and the resident's name for 3 of 3 residents (Residents #1, #2, and #3) whose medication were prepared in advance.</p> <p>The findings are:</p> <p>Observation on 06/11/2016 at 11:50 am revealed: -A pantry in the dining room housed a medication cart. -Multiple small plastic baskets in the top drawer labeled for each resident. -Multiple souffle cups were visible in the top</p>	C 338	<p>6/11/16</p> <p>① ADMINISTRATOR & STAFF Reviewed and read guidelines for medication administration</p> <p>6/20/16</p> <p>② FACILITY ADMINISTRATOR/OWNER wrote and put in place a P&P for medications prepared in advance.</p> <p>③ HAD STAFF READ NEW 6/20/16 P&P for medications prepared in advance AND sign acknowledgement AND placed in employee file.</p>	

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

Lou Patterson

TITLE
Administrator/owner

(X6) DATE
6/28/16

Reviewed and Accepted
Christina Bickler

THE PATTERSON HOUSE; FCH
POLICY & PROCEEDURE
FOR
“ADVANCED MEDICATION PREPORATION”

POLICY:

It is the policy of this facility **NOT** to prepare medications in advance unless necessary.

Medications should be dispensed in accordance with **NCAC 13G-1004**.

If it becomes necessary to take up medications in advance; the following procedures must be followed.

(STAFF MAY ONLY PREPARE THE NEXT SCHEDULED DOSE OF MEDICATION IN ADVANCE – NO EXCEPTIONS)

PROCEDURE:

- 1) Each medication dose should be taken up and verified/compared with resident M.A.R.'s and placed in a sealed envelope.
(Envelopes are located in the bottom drawer of the med-cart)

- 2) The following information should be displayed in plain sight on the front of each envelope:
 - A) **Resident name/Date**
 - B) **EACH medication and its strength**
 - C) **Time that the prepared dose is scheduled to be given to the resident.**

Reviewed and Accepted
Cheryl Bradley RN

- 3) Sealed & Labeled envelopes with medication are to be stored in the resident's individual labeled med tray located in the med cart.
(Med cart to remain locked at all times)
- 4) When dispensing pre-prepped medication; Med-tech must check the medication written on the envelope against the residents M.A.R to ensure accuracy.
- 5) Compare what's written on the envelope against the order on the M.A.R. and verify resident's identity before giving medication.
- 6) After giving medication, sign/document resident M.A.R. and dispense envelope by putting it through the shredder in the administrator's office.

*Reviewed and Accepted
Jan Bickler*