

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/08/2017
NAME OF PROVIDER OR SUPPLIER MCCLAIN'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 5963 THE PLAZA ROAD CHARLOTTE, NC 28215		
(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
{C 000}	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a follow-up survey and complaint investigation on February 07, and February 08, 2017. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on 01/19/17.	{C 000}		
{C 330}	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to administer medications (Claritin 10 mg) as prescribed by the physician for 1 of 3 sampled residents (Resident #1). The findings are: Resident #1's current FL2 dated 08/04/16 revealed: -Diagnoses included schizoaffective disorder, bipolar type, hypertension, chronic obstructive pulmonary disorder, and asthma. -There was a medication order for Claritin 10 mg (used to treat seasonal allergies) at bedtime. Review of Resident #1's Resident Register	{C 330}		

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

TITLE

(X6) DATE

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{C 330}	Continued From page 1 revealed an admission date of 08/04/16. Review of Resident #1's December 2016 Medication Administration Record (MAR) revealed no documentation of Claritin 10 mg. Review of Resident #1's January 2017 MAR revealed no documentation of Claritin 10 mg. Review of Resident #1's February 2017 MAR revealed no documentation of Claritin 10 mg. Observation on 02/07/17 at 2:00 pm of medications on hand for Resident #1 revealed no Claritin 10 mg available for administration. . Review of Resident #1's record revealed no order to discontinue the Claritin 10 mg. Interview on 02/07/17 at 2:50 pm with a pharmacy representative revealed: -The pharmacy did not have a copy of Resident #1's FL2 dated 08/04/16. -The pharmacy became the facility's pharmacy in September 2016. -The pharmacy had received the prescription transfer list from the previous pharmacy in September 2016 and Claritin 10 mg was not on that list. -The pharmacy had never dispensed Claritin 10 mg for Resident #1. -There was no order for Claritin 10 mg on Resident #1's current medication list. -There was no Claritin 10 mg on Resident #1's discontinued medication list. Review of Resident #1's record revealed: -A pharmacy review dated 02/07/17. -The documentation on the review was transcribed "medication list is in order with MAR.	{C 330}		

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{C 330}	Continued From page 2 All meds are in date". Interview on 02/07/17 at 3:15 pm with Resident #1 revealed: -She "used to have allergies, but not anymore". -She was unaware of exactly what medication she took. -She depended on the facility to provide medications as ordered by her physician. Attempted telephone interview with Resident #1's physician on 02/07/17 at 3:30 pm and on 02/08/17 at 8:47 am were unsuccessful. Interview on 02/08/17 at 8:50 am with Medication Aide (MA) revealed: -Resident #1 had been admitted to the facility in August 2016, from a mental health facility. -Resident #1 had arrived with a month's supply of medications, including the Claritin 10 mg. -The Claritin 10 mg had been administered for the month of August 2016, but none had been administered since. -The facility changed pharmacies during September 2016. -The staff had not noticed Claritin 10 mg was no longer on the MAR or that the medication did not arrive from the new pharmacy.	{C 330}		