MHL074-195 B. WING R 03/28/204 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 03/28/204 BETTER CONNECTION MIDLAND CT 3309 MIDLAND COURT GREENVILLE, NC 27833 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (comparing the comparing	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
WHE OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE STREET ADDRESS. CITY, STATE, ZIP CODE 3309 MIDLAND COURT GREENVILLE, NC 27833 OMJOD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OBTICIENCIES) D PROVIDER'S PLAN OF CORRECTION (EACH OBTICIENCIES) 0 V 000 INITIAL COMMENTS V 000 V 000 V 000 An annual and follow up survey was completed on March 28, 2018. A deficiency was cited. Living/Alternative Family Living. V 118 V 000 V 118 27G. 0209 (C) Medication Requirements V 118 V 118 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. V 118 (2) Medications shall be self-administered by clients only when authorized in writing by the clients only when authorized in client must be kept drugs administered on legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to a client must be kept current. Medications administering the drug; (C) instructions to administering the drug; (C) date and time the drug is administering the drug; (C) date and time the drug is administering the drug; (C) date and time the drug is administering the drug.			A. BUILDING.			R	
3399 MIDLAND COURT GREENVILLE, NC 27933 PROVIDER'S PLAN OF CORRECTION REEARD DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION AND DB E CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on March 28, 2018. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 5000F, Supervised Living/Alternative Family Living. V 118 V 118 27G. 0209 (C) Medication Requirements V 118 IOA NCAC 27G. 0209 MEDICATION REQUIREMENTS V 118 (c) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (2) Medications shall be self-administered by client's physician. (3) Medications, including injections, shall be administered on each client must be kept current. Medications administer medications. (4) A Medication administer medications. (5) Medications doministered 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; (C) instructions			MHL074-195	B. WING	B. WING		28/2018
BETTER CONNECTION MIDLAND CT GREENVILLE, NC 27833 (M) ID TAG SUMMARY STATEMENT OF DEFICIENCES REPORT OF DEFICIENCES RECOLUTIONY OR LSC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRACEDED BY FULL RECOLUTIONY OR LSC DENTIFYING INFORMATION) ID PRETX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WAST BE PRACEDED BY FULL RECOLUTIONY OR LSC DENTIFYING INFORMATION) ID PRETX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WAST BE PRACEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on March 28, 2018. A deficiency was cited. V 100 INITIAL COMMENTS V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 (i) Prescription on non-prescription drugs shall only be administered to a client on the written order of a person authorized in writing by the client's physician. (2) 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 administerion. The MAR is to include the following: (A) defications administered shall be recoorded immedications administering the drug; (i) dient's name; (B) name, strength, and quantily of the drug; (C) instructions for administering the drug;	NAME OF P	ROVIDER OR SUPPLIER	STE	REET ADDRESS, CITY, ST	TATE, ZIP CODE		
Image: Constraint of the constraint	BETTER	CONNECTION MIDL	ΔΝΠ CT				
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checks shall be recorded and kept with the MAR file followed up by appointment or consultation		REQUIREMENTS (c) Medication adm (1) Prescription or a only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or othe privileged to prepare (4) A Medication Ad all drugs administer current. Medication recorded immediat MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be recorded	ninistration: non-prescription drugs sh ed to a client on the writte nuthorized by law to presc all be self-administered b uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered r r legally qualified person re and administer medica dministration Record (MA red to each client must b is administered shall be ely after administration. T he following: , and quantity of the drug administering the drug; he drug is administered; of person administering for medication changes of corded and kept with the	en cribe y e y nurse, and itions. R) of e kept The ; and the pr MAR			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
					R		
		MHL074-195	B. WING		03/	28/2018	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
BETTER	CONNECTION MIDL	AND CT	DLAND COURT /ILLE, NC 278				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 118	Continued From pa	ge 1	V 118				
	interview the facility medications as ord	view, observation, and rfailed to administer ered by a physician and failed ent affecting one of two					
	 22 year old male a Diagnoses include Oppositional Defiar Borderline Intellectu Seasonal Allergies. Physician's orders Trazodone (used to insomnia), 100 mg Montelukast (gener allergies and preve tablet every evening "Consultation Forr with order to increa bedtime. "Consultation Forr 11/20/17 " Patient he wishes in regard 	s, signed 11/20/17, for o treat depression, anxiety, and (milligrams) at bedtime, and tic for Singulair, used to treat nt asthma attacks), 10 mg, 1 g "during allergy season." m" signed by physician 3/20/18 se Trazodone to 150 mg at m" signed by physician nt can take medications when	d B				
	Review on 3/28/18 2018 revealed no tr Trazodone, 150 mg	at bedtime. of Client #2's MAR's for					

STATE FORM

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If continuation sheet 2 of 4

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL074-195	B. WING	B. WING		R 28/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
BETTER	CONNECTION MIDL		IDLAND COURT VILLE, NC 2783			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	tablet every evening - Transcribed entry for Montelukast 10 mg 1 tablet every evening; no staff initials to indicate Montelukast had been administered.					
	am of Client #2's m - Blister card with p	8/18 at approximately 10:00 ledications revealed: harmacy label Trazodone 100 uth every evening, dispensed				
		g, one tablet every evening.				
	appointments and v Client #2 was with t	ent #2 to his doctors' would wait in the lobby while the doctor. ve him the "consultation form	"			
	- If the doctor made medication regimer pharmacy received of the consultation Director and the Qu make sure the new	e changes to Client #2's n, he would make sure the the new order, make copies form for the Residential ualified Professional, and order was transcribed onto				
	Trazodone on the c 3/20/18.	e change to Client #2's consultation form dated				
	they received the u - Client #2 would ta felt allergy sympton taken as needed.	the pharmacy to make sure pdated order. ke his Montelukast when he ns, it was supposed to be physician to clarify "allergy				
	season" and the me					
	Interview on 3/28/1 stated:	8 the Residential Director				

STATE FORM

SK6P11

		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL074-195	B. WING		R 03/28/2018	
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		3309 MII		г		
		GREEN	/ILLE, NC 278	33		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 3	V 118			
	when he reviewed 3/20/18. - The pharmacy ha received the physic mg, but had not de the facility. - Trazodone 150 m	issed the medication change the consultation form dated ad been contacted and had cian's order for Trazodone 150 livered the new medication to ng would be delivered to the of the business day 3/28/18.				

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