

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/28/2018
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK	STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551
--	--

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 28, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</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>	V 118	<p><i>Medication administration will be reviewed and staff will be reminded to document MAR after each dosage. The QP will monitor the documentation of med administration at least once a month to ensure all medicines have been given and documented accordingly by 4/30/18.</i></p>	

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

Maudie Best

TITLE

Co-Director

(X6) DATE

4/10/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/28/2018
NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK			STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551		
(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 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MARs current affecting one of three clients (#2). The findings are: Review on 3/27/18 of client #2's record revealed: - 59 year old male. - Admission date of 07/07/17. - Diagnoses of Paranoid Schizophrenia, Depressive Disorder, Mild Mental Retardation, Seizure Disorder Cerebral Palsy, Hemiparesis. Review on 03/27/18 of client #2's medication orders dated 11/16/17 and 01/11/18 revealed: -Phenobarbital 97.2mg (used to treat or prevent seizures) Take 1 tablet daily. -Cetirizine 10mg (used to treat cold or allergy symptoms) Take 1 tablet daily. Review on 03/27/18 of client #2's January 2018 MAR revealed the following blanks on the MAR: - Phenobarbital 97.2mg-01/30/18. -Cetirizine 10mg-1/23/18-1/31/18. Interview on 03/01/18 client #2 stated: - He did receive his medications everyday. Interview on 03/27/18 staff #1 stated: - Client #2 received his medication daily. -He was not sure why the medication was not signed off on the MAR. Interview on 03/27/18 the Licensee stated: -She had expressed to the staff the importance of always signing the MAR.	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/28/2018
NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551		
(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 118	Continued From page 2 -She knew client #2 received his medication. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	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 odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility in an attractive and safe manner. The findings are: Observation on 03/28/18 at approximately 11:00am revealed: -The kitchen cabinet door next to the refrigerator was broken. - Client #3's bedroom had broken slates in the blind and the drawers on the dresser were broken and missing knobs. -The carpet throughout the facility was soiled and stained. Interview on 03/28/18 the Licensee stated: - She would follow up on needed repairs at the facility with the Landlord.	V 736	<i>The landlord was notified call the needed necessary repairs (kitchen cabinet and carpet replaced). The dresser has been removed from the bedroom and other storage secured. The blinds have been replaced. The landlord was told that this was a resite and would need to be completed by 5/10/18. AP will monitor weekly.</i>	