Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL077-007		B. WING		R 04/17/2018		
		MHL077-007			04/1//2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RICHMO	ND ADULT GROUP H	OME	CHURCH S	TREET		
KIOTIMO	ND ADOL! GROO! II	ELLERBE	, NC 28338			
(X4) ID PREFIX			ID PREFIX	N (X5) BE COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE DATE	
V 000	INITIAL COMMENT	rs .	V 000			
		w-up survey was completed A deficiency was cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised				
	Living for Adults wit	h Developmental Disabilities.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	10A NCAC 27G .02 REQUIREMENTS	09 MEDICATION				
	(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	e and administer medications.				
	all drugs administer	ministration Record (MAR) of red to each client must be kept				
		s administered shall be ely after administration. The ne following:				
	(A) client's name;	and quantity of the drug;				
	(C) instructions for	administering the drug; ne drug is administered; and				
		of person administering the				
	(5) Client requests t	for medication changes or orded and kept with the MAR				
		appointment or consultation				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
						₹	
		MHL077-007	B. WING		04/	17/2018	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RICHMOND ADULT GROUP HOME 190 EAST CHURCH STREET ELLERBE, NC 28338							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	age 1	V 118				
	This Rule is not m	et as evidenced by:					
	Based on record re	eview and interview, the facility MAR current affecting one of					
	-Admission date of -Diagnosis of Bipol Disorder with Anxie	of Client #5 record revealed: 6/15/92. ar I Disorder, Adjustment ety, Mild Mental Retardation, Fibrillation, Atonic Colon.					
	orders dated 3/9/18 -Debrox 6.5% solu	of Client #5's physician's 3 revealed: tion- Place 5-10 drops in both Tuesdays and Thursdays.					
	revealed:	7/18 of Client #5's medications tion- Bottle was available.					
	2018 revealed blan	of Client #5's MAR for March lks on the following dates: tion- 3/1, 3/6, 3/8, 3/13, 3/20,					
	-She administered	8 with Staff #1 revealed: the medication in March for ibed, but forgot to record the					
	Manager revealed: -She was responsil medications month	ble for reviewing MAR's and					

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						₹	
		MHL077-007	B. WING			17/2018	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RICHMOND ADULT GROUP HOME 190 EAST CHURCH STREET ELLERBE, NC 28338							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CTION SHOULD BE COMPLÉTE O THE APPROPRIATE DATE		
V 118	Continued From pa	age 2	V 118				
	current for Client #	5.					
	Interview on 4/17/1 Professional reveal -Agency's policy re	8 with the Qualified led: garding medication errors was observe them do three					

6899

Division of Health Service Regulation STATE FORM