| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL011-287 | A. BUILDING: _____ B. WING _____ | 05/18/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DAWN FORREST HOME | 29 GRANDVIEW CIRCLE ASHEVILLE, NC 28806 |

| (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 | INITIAL COMMENTS<br><br>An annual survey was completed on 5/18/18. A deficiency was cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. | V 000 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation | V 118 | | |

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| V 118 | Continued From page 1<br>with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 1 of 2 sampled clients (Client #1). The findings are:<br><br>Record review on 5/18/18 for Client #1 revealed:<br>-Admission date of 12/1/99 with diagnoses of Moderate Intellectual Disability and High Blood Pressure.<br>-Physician ordered medications included:<br>-Loratidine 10mg once daily for allergies.<br>-Polyethylene Glycol 1 capful with water/juice twice daily for constipation.<br>-Both Loratidine and Polyethylene Glycol were discontinued 9/22/17.<br>Review on 5/18/18 of March-May 2018 MARs revealed:<br>-Loratidine was initialed as administered at April 1-30.<br>-Polyethylene Glycol was initialed as administered at April 1-30.<br><br>Interview on 5/18/18 with AFL Caregiver revealed:<br>-She typed and printed the MARs each month for her clients.<br>-She must have pulled an old MAR forward to use for April.<br>-Client #1 had not taken Loratidine or Polyethylene Glycol for some time and did not receive it in April despite her initials on the MAR.<br>-She now uses the "dispill packs" which did not contain Loratadine. | V 118 | | |

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| V 118 | Continued From page 2<br>-She would pay better attention to her documentation. | V 118 | | |