STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411140	A. BUILDING: _____ B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDRIDGE AFL	2305 WALKER AVENUE GREENSBORO, NC 27403

(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 An annual survey was completed on 5/22/2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
V 118	27G .0209 (C) Medication Requirements 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. (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 and administer medications. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411140	A. BUILDING: _____ B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDRIDGE AFL	2305 WALKER AVENUE GREENSBORO, NC 27403

(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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure MARs were kept up to date with the correct medication dose and administration instructions affecting 1 of 2 clients (#2). The findings are: Review on 5/21/2018 of client #2's record revealed: - Admission date: 4/1/2013 - Diagnoses: Attention Deficit-Hyperactivity Disorder; Mild Intellectual Disability; and Downs Syndrome; - Physicians orders for divalproex 250 milligrams (mg), 1 tablet every night at bedtime (QHS), dated 10/10/2017. Observation at approximately 12:55 pm on 5/21/2018 of client #2's medications revealed: - There were two (2) bottles of divalproex 250 mg tablets with administration instructions of 1 tablet QHS; - The bottles were filled on 4/18/2018 and 5/16/2018. Review on 5/21/2018 of client #1's MARs dated 3/1/2018 to 5/21/2018 revealed: - Administration instructions for divalproex was for 500 mg, 2 tablets QHS, rather than the ordered 250 mg, 1 tabled QHS. Interview on 5/21/2018 with client #2 revealed:	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411140	A. BUILDING: _____ B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDRIDGE AFL	2305 WALKER AVENUE GREENSBORO, NC 27403

(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 - He thought that his medications had been administered by facility staff correctly. Interview on 5/21/2018 with staff #1 revealed: - The MARs and the medication labels were supposed to match; - He followed the medication label instructions when administering medications; - The MARs were provided to the facility by the Qualified Professional (QP). Interview on 5/21/2018 with staff #2 revealed: - Facility staff followed the administration instructions listed on the medication label; - The QP provided the MARs used by the facility; - Client #2 had been receiving the correct dose of divalproex; - She had not noticed that the MAR had listed the wrong administration instructions and dosage. Interview on 5/21/2018 with the QP revealed: - The QP was responsible for ensuring MARs were correct; - She had not noticed the errors on client #2's divalproex dosage and administration instructions; - Client #2's medications had not been changed in the past year; - The pharmacy sent the correct medication, so client #2 had been administered the dosage as ordered by his physician; - She would immediately correct the MAR to note the correct dose and administration instructions.	V 118		