STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL020-009	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VALLEY GROUP HOME	33 GENTLE DOVE LANE MURPHY, NC 28906

(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 6/26/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups.	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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 1	V 118		

This Rule is not met as evidenced by:
Based on interview, and record review the facility failed to maintain the MAR current for 2 of 3 sampled clients (#1,#2). The findings are:

Review on 6/26/18 of the record for Client #1 revealed:
-Admission date of 6/6/2000, diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia and Seasonal Allergies.
-Physician order for Hydroxyzine 25mg as needed, dated 12/7/18.
-Physician order for Maxair 0.2mg 2 puffs every 4 hours as needed, dated 10/14/16.

Review on 6/26/18 of the April, May and June 2018 MAR for Client #1 included:
-Hydroxyzine 25mg as needed.
-Maxair 0.2mg 2 puffs every 4 hours as needed.

Review on 6/26/18 of the record for Client #2 revealed:
-Admission date of 12/1/93 with diagnoses of Mild Intellectual Developmental Disability, Dysthymic Disorder, Hypothyroidism, Vitreous Degeneration, and Bilateral Presbyopia.
-Physician order for Flovent HFA 110mcg 2 times daily as needed.

Review on 6/26/18 of the April, May and June 2018 MAR for Client #2 revealed:
-Flovent was not listed as a current medication.

Interview on 6/26/18 with the Qualified Professional (QP) revealed:

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V 118	Continued From page 2 -Client #1 was taken to the physician by his mother who got the medications discontinued. -The facility should have obtained an order to discontinue both medications and removed them from the MAR as a current medication for Client #1. -The Flovent was discontinued by the physician, but the facility did not have an order to discontinue the medication. -The QP would obtain the orders for discontinuation of the medications and ensure the MAR for both clients matched the current medications.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6	V 121		

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V 121	Continued From page 3 months for 1 of 3 sampled clients (#1). The findings are: Observation on 6/26/18 at 10:00am of the medications for Client #1 included: -Lorazepam 1mg take 1.5 at bedtime. Review on 6/26/18 of the record for Client #1 revealed: -Admission date of 6/6/2000, diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia and Seasonal Allergies. -No documentation of a drug regimen review. Interview on 6/26/18 with the Qualified Professional (QP) revealed: -The facility was doing a medication review once each year. -He was not aware they were required every 6 months. -The QP would ensure the medication reviews for clients who received psychotropic medications were completed every 6 months.	V 121		