STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601014	A. BUILDING: _____ B. WING _____	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER FAMILY HOME	1206 BERSHIRE LANE CHARLOTTE, NC 28262

(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 6/12/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F 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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician, affecting 3 of 3 clients (Clients #1, #2, #3). The findings are: Review on 6/12/18 of Client #1's record revealed: - Admission date of 4/1/05 - Diagnoses of Autism Spectrum Disorder; Unspecified Intellectual Disabilities - MAR with documentation of Haloperidol 0.5mg 2 tabs PO twice a day - No medication order for Haloperidol 0.5mg Review on 6/12/18 of Client #2's record revealed: - Admission date of 10/1/17 - Diagnoses of Autism Spectrum Disorder; Attention Deficit Hyperactivity Disorder - MAR with documentation of Differin 0.1% cream, apply thin layer to affected area - No medication order for Differin 0.1% cream Review on 6/12/18 with Client #3's record revealed: - Admission date of 11/15/04 - Diagnoses of Severe Intellectual Disability; Cerebral Palsy; Seizure Disorder - MAR with documentation of lamotrigine 25mg, 4 tabs PO twice daily - No medication order for lamotrigine 25mg Interview on 6/12/18 with Staff #1 revealed: - She was not sure where the prescriptions were. She would try to get copies.	V 118		