Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
	MHL070-062		B. WING		06/29/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BETTER CONNECTIONS-ELIZABETH CITY  1331 FOUR FORKS ROAD  ELIZABETH CITY, NC 27909							
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	2018. Deficiencies						
	This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities						
V 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	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						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL070-062	B. WING		06/	29/2018	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1331 FOUR FORKS ROAD  ELIZABETH CITY, NC 27909							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	failed to administer order of a physician and failed to keep of current. The finding A. Review on 6/28/revealed: - admitted on 5/1 - Moderate Intellibiabetes; Seizure D. Congestive Heart F. 8/3/17 physicial pound weight give (swelling caused by Review on 6/28/18 revealed: - on 6/19/18 she - on 6/20/18 she Review on 6/28/18 revealed: - no documentate administered  During interview on Manager reported: - staff are suppose a weight gain of monormal carriers.	view and interview the facility medication on the written in for one of three clients (#1) one of three clients (#2) MAF is are:  18 of client #1's record  11/16 ectual Development Disability Disorder; Cerebral Palsy and failure in order "give 40mg Lasix if > (can treat fluid retention and congestive heart failure)  of client #1's daily weights weighed 211.4 weighed 214.9  of the June 2018 MAR ion of a 40mg Lasix being  6/28/18 the Residential seed to monitor if client #1 ha	ky; •3				

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STATE FORM

COSE11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL070-062	B. WING		06/2	29/2018	
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1331 FOUR FORKS ROAD  ELIZABETH CITY, NC 27909						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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)	ULD BE	(X5) COMPLETE DATE	
V 118	reported: - he was not con weight gain of clien: - he only request swelling, shortness: - there was a prostaff are supposed Lasix  B. Record review or revealed: - admitted to the: - diagnoses of Sconduct Disorder: - a physician ordifollowing medication day (nutrients that a managing heart disday (used to treat in Cardizem 24mg bethypertension)  Review on 6/28/18 revealed: - on 6/11/18 the I Cardizem medication the bedtime dose  During interview on Director reported: - she tried to look days - she should hav 6/11/18 - the facility nursemonth	tacted for a 3 pound or more					

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