STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-113	A. BUILDING: _____ B. WING _____	07/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD MILL RD - BETTER CONNECTIONS	1808 OLD MILL ROAD ROCKY MOUNT, NC 27803

(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 and Complaint survey was completed on 7/26/18. The complaint was unsubstantiated Intake #NC00140273. A deficiency was cited. The facility is licensed for the following service categories 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10A NCAC 27G. 5100 Community Respite Services.	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	V 118		

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V 118	Continued From page 1 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited clients (#1) medication was administered on the written order of a physician. The findings are: Review on 7/24/18 of client #1's record revealed: - admitted on 9/16/10 - diagnoses of Unspecified Bipolar; Intellectual Disability; Severe Seizure Disorder and Cerebral Palsy - a FL2 dated 2/15/18..."Keppra 500mg three times a day" (can treat seizures) Review on 7/24/18 of client #1's May, June & July 2018 MAR revealed: - Keppra 500mg three by mouth twice a day Observation on 7/24/18 at 1:33pm of client #1's medication label revealed: - Keppra 500mg three by mouth twice a day During interview on 7/26/18 the Residential Director reported: - the 2/15/18 FL2 was written by the Qualified Professional - the FL2 was written incorrectly - client #1 has been on the same dosage of Keppra for awhile - he has not had a seizure in over 5 years - however, the physician will not reduce or take him off the Keppra medication	V 118		

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V 118	Continued From page 2 - she reviewed the MARs once a month - she had not noticed the discrepancy with the FL2, medication label and MARs During interview on 7/26/18 the Qualified Professional reported: - she was at the facility once a month - she reviewed the MARs during this time - she transcribed the FL2 based on the MARs - normally the clients' physicians caught any errors on the FL2 prior to signature	V 118		