STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-913	A. BUILDING: _____ B. WING _____	08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITY HOME CARE RESIDENTIAL FACILITY	5975 SPINNER ROAD HOPE MILLS, NC 28348

(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 August 8, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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 reviews, interviews and observation the facility failed to administer medications as ordered by the physician and keep the MAR current affecting 1 of 3 audited clients (#3). The findings are: Review on 08/08/18 of client #3's record revealed: -Admission date of 05/07/17. -Diagnoses of Intermittent Explosive Disorder, Major Depressive Disorder, Moderate Mental Retardation, Cleft Palate, High Cholesterol and Allergies. Review on 08/08/18 of client #3's Physician orders revealed: 06/29/18 -Sertraline 100mg Take 1 tablet oral twice a day. Review on 08/08/18 of client #3's August 2018 MAR revealed the following transcription: -Sertraline 100mg Take 1 tablet by mouth at bedtime. Observation on 08/18/18 at approximately 11:00am of client #3's weekly bubble pack revealed only 1 tablet of Sertraline 100mg in the bubble pack. During interview on 08/18/18 the pharmacy stated they did have the order dated 06/29/18 for Sertraline 100mg take 1 tablet oral twice a day but had not filled the medication as ordered and would send the corrected medication and MAR to	V 118		

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V 118	Continued From page 2 the facility. During interview on 08/18/18 the House Manager stated: -She had not noticed the error and thought the medication had been sent to the facility as ordered. -Client #3 had been on the Sertraline 100mg 1 time a day until he went to the hospital and the order was changed to 2 times a day. During interview on 08/18/18 the Licensee stated: -She was going to consider changing back to a local pharmacy due to the errors of the pharmacy.	V 118		