Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL064-088	B. WING		08/2	28/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	-	
		1522 GI I	EN EAGLE CO			
WELCO	ME HOME GROUP HO	OME II NASHVIL	LE, NC 2785	56		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	An Annual Survey v deficiency was cited	vas completed 8/28/18. A				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised nentally Disabled Adults.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person andrugs. (2) Medications shat clients only when and client's physician. (3) Medications, included and individual distribution of the privileged to prepare (4) A Medication Adrall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for the condition of the privileged to prepare (A) all drugs administer current. Medication recorded immediate (B) client's name; (B) name, strength, (C) instructions for the condition of the properties of the condition of the c	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The				

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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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL064-088	B. WING	_	08/2	8/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE			
WELCOME HOME GROUP HOME II 1522 GLEN EAGLE COURT NASHVILLE, NC 27856						
(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 CROSS-REFERENCED TO THE APPROPRIED TO THE	LD BE COMPLETE	
V 118	Continued From pa	ge 1	V 118			
	interview the facility clients (#5) and 1 o	on, record review and railed to ensure 1 of 6 current f 1 former client (FC#1) administered on the written				
	revealed: - admitted to the - diagnoses of D bladder; Moderate Hyperlipidemia, Aut Hypertension (well	controlled) er dated 7/31/18 "fish oil				
	MAR revealed:	of client #5's August 2018 ne fish oil was administered 2 rning				
		7/18 at 12:43pm revealed the n label for client #5: twice a day				
	reported: - client #5 takes - she noticed the medication label re - she contacted of medication was charted the morning	8/27/18 the Licensee his fish oil in the morning month of August 2018 the vealed fish oil twice a day client #5's physician and the anged back to 2 fish oil pills in				

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STATE FORM BYRO11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SU COMPLE		
		MHL064-088	B. WING		08/2	28/2018	
	NAME OF PROVIDER OR SUPPLIER WELCOME HOME GROUP HOME II STREET ADDRESS, CITY, STATE, ZIP CODE 1522 GLEN EAGLE COURT NASHVILLE, NC 27856						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	to have them to cha B. Review on 8/27/ admitted to the discharged on 5/4/1 - diagnoses of Au Disorder; Intermitte Schizoaffective Disorder Compulsive Disorder - a physician's or Lithium 450mg twice prevent manic episer - a physician's or Lithium 600mg twice Review on 8/27/18 revealed: - Lithium 450mg During interview on reported: - she overlooked - she reviewed the	ange the medication label 18 of FC#1's record revealed: facility on 8/27/18 and 18 utism Disorder; Mood nt Explosive Disorder; order, bipolar type; Obsessive er and Mild Intellectual Inder dated 3/29/18 revealed the a daycan treat and ordes of bipolar order dated 4/11/18 revealed the a day of FC#1's April 2018 MAR twice a day 8/27/18 the Licensee I the dose change for Lithium the MARs daily ofessional reviewed the	V 118				

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