Fay#1-919-715-8098

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-088		(X2) MULTIPLE CONSTRUCTION A, BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		08/	08/28/2018	
ME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, ST			
ELCOME	HOME GROUP HO		N EAGLE CO LE, NC 27856			
X4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 000 I	INITIAL COMMENTS		V 000			
	deficiency was cited This facility is licens category: 10A NCA	vas completed 8/28/18. A d. sed for the following service C 27G .5600C Supervised nentally Disabled Adults.				
1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person addrugs. (2) Medications shablients only when a client's physician. (3) Medications, incadministered only be	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the bluding injections, shall be by licensed persons, or by	V 118			
I	unlicensed persons obarmacist or other privileged to prepar (4) A Medication Act all drugs administed current. Medication recorded immediate (A) client's name; (B) name, strength (C) instructions for	trained by a registered nurse, regally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The				
((((E) name or initials drug. (5) Client requests checks shall be rec	of person administering the for medication changes or orded and kept with the MAR appointment or consultation				

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If continuation sheet 1 of 3

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	COMP	LETED		
		ľ						
		MHL064-088	B. WING		08/2	28/2018		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE				
		1522 GLE	N EAGLE					
WELCO	ME HOME GROUP HO	NAF II	LE, NC 278					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	DBE	COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE		
V 118	Continued From page 1		V 118					
						}		
	This B. I. S. C. C.	X						
	This Rule is not me					1		
		on, record review and failed to ensure 1 of 6 current		Administrator acknowledges	that			
		1 former client (FC#1)		medication should have been sent back				
		dministered on the written		to pharmacy to be relabeled to match Dr. orders and MARs. Administrator checks all medication upon receipt and				
	order of a physician							
		g- and						
	A. Review on 8/27/1	8 of client #5's record						
	revealed: - admitted to the facility on 3/18/12			In the future will ensure that any medication that is mislabeled will be				
		ementia; incontinence of	2	sent back to the pharmacy for label				
	bladder; Moderate Intellectual Disability Disorder; Hyperlipidemia, Autistic Disorder and		1	correction. This specific incident was				
	Hypertension (well of					- 1		
		er dated 7/31/18 "fish oil		immediately corrected on Aug				
	1000mg 2 by mouth in the morning"			2018. Administrator called pha				
				and had remaining 3 doses rela	abeled.	i		
	Review on 8/27/18 of client #5's August 2018 MAR revealed: - August 1 - 26 the fish oil was administered 2			Administrator ensured that all	Residen	ts		
				medications and medication labels				
					received for September matched Dr.			
	by mouth in the mor	ning		orders and Dr. orders matched	ed Dr.	1		
	Observation on 8/27	718 at 12:43pm revealed the						
	following medication	label for client #5:		This task has been added to the	_	- 1		
	- fish oil 1000mg			administrator's monthly check		- 1		
		_		Administrator and QP will mon	itor			
		3/27/18 the Licensee		monthly and as needed to ensu	ıre			
	reported:	la Fala all la Aba annual la		compliance.	3000 9 -1 00			
		is fish oil in the morning		1000000 Total Company		- 1		
		month of August 2018 the ealed fish oil twice a day			1			
		ient #5's physician and the				1		
		nged back to 2 fish oil pills in						
	the morning	.g.s. see. to a non on pino iii						
	_	got to contact the pharmacy						

Division of Health Service Regulation							
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	DRESS, CITY, STATE, ZIP CODE				
WELCO	ME HOME GROUP HO	RAC II	N EAGLE C				
ANETCO	WE HOWE GROUP HO	NASHVILI	LE, NC 2785				
(X4) ID PREFIX TAG	SUMMARY STATE:MENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC: IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE	
V 118	Continued From pa	Continued From page 2					
	to have them to cha	ange the medication label					
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC: IDENTIFYING INFORMATION)			Administrator will verify all mediorder changes, when received, wupdated on the MAR and that Medication orders, MAR and melabels to include resident name, medication name, dose, route, tidirections all agree. This task will added to administrator's monthly checklist. Administrator and QP with monitor monthly and as needed ensure compliance.	vill be dication ime, and I be Y will		