STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-441	A. BUILDING: _____ B. WING _____	R 09/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURCHISON RESIDENTIAL	533 TEXANNA WAY HOLLY SPRINGS, NC 27540

(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 Follow-Up Survey was completed 09/28/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure one of three client's (#2)'s medications were labeled. The finding is: Review on 09/28/18 of client #2's record revealed: -Admitted: 12/01/05 -Diagnoses: Severe MR and Cerebral Palsy -July-September 2018 MAR reflected Falmina (also referred to as Larissa used for birth control) .1 mg 28 tablet one daily Observation on 09/28/18 at approximately 9:30 AM of client #2's medications revealed: -Larissa on the bubble packet -No the client's name, the prescriber's name, dispense date, clear directions for administration, name- strength- quantity and expiration date of the prescribed drug and the name, address, phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center) and the name of the dispensing practitioner During interview on 09/28/18, the Licensee reported: -The required information for labeling was on the medication box which she had discarded	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 2 (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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medication on the written authorization of a physician for one of three clients (#2). The finding is: Review on 09/28/18 of client #2's record	V 118		

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V 118	Continued From page 3 revealed: -Admitted: 12/01/05 -Diagnoses: Severe MR and Cerebral Palsy -July-September 2018 MAR reflected Falmina (also referred to as Larissa used for birth control) .1 mg 28 tablet one daily -No physician's order Observation on 09/28/18 at approximately 9:30 AM of client #2's medications revealed: -Larissa .1 mg on the bubble packet During interview on 09/28/18, the Licensee reported: -Client #2's guardian/mother took her to medical appointments. -She did not have a copy of orders signed by a physician regarding client #2's medication -She was not aware a list of medications by the pharmacist would not be considered physician's orders.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing	V 291		

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V 291	Continued From page 4 relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services for one of three clients (#3). The finding is: Review on 09/28/18 of client #3's record revealed: -Admitted: 09/02/17 -Diagnosis: Down Syndrome -No evidence he had been seen at least annually by a physician, dentist or any medical based professional During interview on 09/28/18, the Licensee reported: -Verified client #3 had not been to any medical based appointments since his admission into her agency -She had spoken with client #3's Qualified Professional to follow up with the guardian -She did not have any documentation of the conversation	V 291		

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V 291	Continued From page 5 During interview on 09/28/18, client #3's Qualified Professional by another agency reported about client #3: -Was private pay not medicaid... guardian was his brother -Although he could not recall a specific date in the past, he had discussed doctor's appointments. Guardian did not want to take him for preventive measures opposed to when something was wrong. -On 09/28/18, he contacted the guardian and was assured an appointment would be scheduled for an annual examination.	V 291		