

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2018
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NAME OF PROVIDER OR SUPPLIER LAKE JAMES ALTERNATIVE FAMILY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5741 FISH HATCHERY ROAD MORGANTON, NC 28655
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 26, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to administer medications based on the written order of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 1 of 2 clients (Client #2). The findings are:</p> <p>Observations of Client #2's medication box and 2 of his medications on 9/26/18 from 2:55PM through 3:45PM revealed: - lorazepam (anti-anxiety) 0.5mg ½-1 tablet QD (daily) dispensed 8/24/18 with 11 doses out of 30 missing from the bottle - Prazosin (anti-anxiety) 1mg QHS (each bedtime) dispensed 8/24/18</p> <p>Review on 9/26/18 of Client #2's record revealed: - Admission date: 6/15/18 - Diagnoses: Mild Mental Retardation (MR); Oppositional Defiant Disorder (ODD); Attention Deficit Hyperactive Disorder, Combined - Medication Orders: No physician's order for Client #2's lorazepam or Prazosin</p> <p>Review on 9/26/18 of Client #2's MARs revealed the lorazepam and Prazosin had not been written on the MARs for July, August and September.</p> <p>Interview on 9/26/18 with Staff #1 revealed: - She was unsure why Client #2's lorazepam and Prazosin had not been written on the MARs; - Staff #1 acknowledged Client #2 had been administered the aforementioned medications.</p>	V 118		

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V 118	Continued From page 2 Interview on 9/26/18 with the Qualified Professional (QP) revealed: - She acknowledged written medication orders had not been obtained for Client #2's lorazepam and Prazosin; - The QP stated she would ensure Staff #1 was re-trained in medication administration and licensure rule requirements.	V 118		