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ı		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			71. 501251110.				
		MHL079-053	B. WING		10/0	5/2018	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE ZID CONE			
NAIVIL OI I I	TOVIDER OR GOL LEEK						
CEDAR PI	LACE		TER CHURCH F	ROAD			
		EDEN, NO	27288				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE	
TAG	REGULATORY ON	-30 IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	MAIE	5/1.2	
				•		——	
V 000	INITIAL COMMENTS	;	V 000				
	An annual survey was	s completed on October 5,					
	2018. A deficiency was						
		dica.					
	This facility is license	d for the following service					
		27G .5600C Supervised					
	, ,	Developmental Disabilities.					
	LIVING IOI Addits with	Developmental Disabilities.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118				
	10A NCAC 27G .0209	9 MEDICATION					
	REQUIREMENTS						
	(c) Medication admini						
		n-prescription drugs shall					
	_	to a client on the written					
	· ·	horized by law to prescribe					
	drugs.						
		be self-administered by					
		horized in writing by the					
	client's physician.						
		iding injections, shall be					
		licensed persons, or by					
		rained by a registered nurse,					
		egally qualified person and					
		and administer medications.					
		ninistration Record (MAR) of					
	_	d to each client must be kept					
	current. Medications						
	_	after administration. The					
	MAR is to include the	following:					
	(A) client's name;						
	• •	ind quantity of the drug;					
	(C) instructions for ad						
		drug is administered; and					
	(E) name or initials of	f person administering the					
	drug.						
	(5) Client requests for	r medication changes or			ļ		

with a physician.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

checks shall be recorded and kept with the MAR file followed up by appointment or consultation

> TITLE (X6) DATE

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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	
		MHL079-053	B. WING		10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	10/00/2010	
CEDAR P			NTER CHURCH I			
CEDAR P	LACE	EDEN, N	C 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	MARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE			BE COMPLETE	
V 118	Continued From page 1		V 118			
	,					

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- He could not recall the names of his

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DIVISION	n Health Service Regu	ialion					
,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		B. WING		40/05/00/0			
		MHL079-053			10/0	5/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		1103 CFN	TER CHURCH	ROAD			
CEDAR PI	_ACE	EDEN, NO					
	OLIMANA DV OT	·		DDOV/DEDIO DI ANI OF CODDECTION			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG			TAG	CROSS-REFERENCED TO THE APPROPR			
				DEFICIENCY)			
V 118	0 11 15 0		V 118				
V 110	Continued From page 2		V 110				
	medications;						
	- He took medicine ev	ery morning and every					
	night.						
	_						
	Interview on 10/5/201	8 with the Pharmacist					
	revealed:						
	- The Pharmacy had i	never received a					
	discontinuation order for client #3's Cozaar from						
	the facility or the physician.						
	Interview on 10/5/2018 with the Qualified						
	Professional (QP) rev	realed:					
	- The QP was not aware that client #3's Cozaar						
	had been discontinued on 7/13/2018;						
	- The QP would discuss the medication errors						
	related to ongoing ad						
	discontinued medicat	ion with the House					
	Manager.						
	Interview on 10/5/2018 with the House Manager revealed: - The physician did tell the House Manager at client #3's 7/13/2018 office visit that he was						
	discontinuing the medication;						
	- The physician's office usually sent orders to the						
	Pharmacy directly;						
	- The House Manager contacted client #3's						
		10/5/2018), and found out					
		on order for Cozaar was					
	never sent by the phy	sician's office to the					
	Pharmacy;						
	~	hat the House Manager did					
	•	iscontinuation order when					
		ued to send client #3's					
	Cozaar medication ar						
	medication was active	•					
- There had not been any negative outcomes for							
	client #3 continuing to	take the medication.					
			1	1			

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