		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				
	MHL011-260	B. WING		10/	10/12/2018	
PROVIDER OR SUPPLIER						
КНОМЕ						
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
INITIAL COMMENT	S	V 000				
category: 10A NCA Living for Individual	C 27G .5600F Supervised s of all Disability					
27G .0209 (C) Med	ication Requirements	V 118				
REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person a drugs. (2) Medications sha clients only when au client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests	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. ministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administering the for medication changes or orded and kept with the MAR					
	PROVIDER OR SUPPLIER K HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS INITIAL COMMENT An annual survey w 2018. A deficiency This facility is licens category: 10A NCA Living for Individual Groups-Alternative 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person al client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for a (D) date and time th (E) name or initials drug. (5) Client requests	OF CORRECTION         IDENTIFICATION NUMBER:           MHL011-260         MHL011-260           PROVIDER OR SUPPLIER         STREET AI           K HOME         11 GRAS ASHEVIL           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS           An annual survey was completed on October 12, 2018. A deficiency was cited.         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.           27G .0209 (C) Medication Requirements           10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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 client's 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 kepi 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; (C) instructions for administering the drug;	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL011-260       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         K HOME       11 GRASSY RIDGE RO ASHEVILLE, NC 28805         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         An annual survey was completed on October 12, 2018. A deficiency was cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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.       V 118         (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 administering the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (C) inate or initial	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:       mHL011-260     B. WING       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       KHOME     11 GRASSY RIDGE ROAD ASHEVILLE, NC 28805       SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     D PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN       INITIAL COMMENTS     V 000     V 000       An annual survey was completed on October 12, 2018. A deficiency was cited.     V 000       This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.     V 118       27G .0209 (C) Medication Requirements     V 118       10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medications shall be self-administered by clients only when authorized by law to prescribe drugs.     V 118       (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 administering the drug; (A) A Medication Administration Record (MAR) of all drugs 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; (C) instructions for administering the drug; (C) client's name; (B) name, stre	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:     COM       MHL011-260     B. WING     10/       ROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     10/       KHOME     11 GRASSY RIDGE ROAD ASHEVILLE, NC 28805     PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL, RESULATORY OR LSC DENTIFYING INFORMATION)     ID PREFX, CARSS-REFERENCE ACTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL, RESULATORY OR LSC DENTIFYING INFORMATION)     PREFX, CARSS-REFERENCE       INITIAL COMMENTS     V 000     An annual survey was completed on October 12, 2018. A deficiency was cited.     V 000       An annual survey was completed on October 12, 2018. A deficiency was cited.     V 118     DEFICIENCY)       27G. 0209 (C) Medication Requirements     V 118     V 118       10A NCAC 27G 0209 MEDICATION RECOUREMENTS     V 118       (c) Medication administer medication: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by ave to prescribe drugs.     (2) Medications, including injections, shall be administered to a client on the written order of persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.       (A) Addication Administration Record (MAR) of all drugs administered by a registered nurse, pharmacist or other legally qualified person administering the cruret. Medications administering the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the drug; (D) date and time the drug is admini	

73QX11

## PRINTED: 10/29/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 10/12/2018	
		MHL011-260			10/		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
THE PEE	K HOME		SY RIDGE RO LE, NC 2880				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	DEFICIENCIES ID RECEDED BY FULL PREFIX		CORRECTION TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 440			N/ 44.0	DEFICIENC	CY)		
V 118	Continued From pa	gen	V 118				
	with a physician.						
	This Rule is not met as evidenced by: Based on record review, and interviews the						
	facility failed to ensure MARs were current for 1 of 2 clients (#1). The findings are:						
	Record review on 10/11/18 and 10/12/18 for Client #1 revealed:						
	-Admitted on 2/15/18 with diagnoses of Attention						
		/ Disorder, Tourette's ional Defiance Disorder, mild					
	Intellectual Disabilit gastro esophageal	y, Bi Polar Disorder, asthma, reflux disorder, and hearing					
	loss. -Physician's order of 1 at bedtime.	lated 6/6/18 for Prazosin 2mg,					
	-Physician's order of	lated 8/15/18 for Prazosin					
		lated 6/6/18 for Topiramate for 2 weeks then 1 at					
be	bedtime.						
	dated 8/2018-10/20	8 and 10/12/18 of the MARs 018 for Client #1 revealed: 018 MAR did not include the					
	direction for admini	stration of the Topiramate. MAR showed administration of					
		osin and the 1mg Prazosin for The 1mg Prazosin was not 8.					
	Interview on 10/12/ revealed:	18 with the AFL Provider					
		1mg Prazosin was not					

## PRINTED: 10/29/2018 FORM APPROVED

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		
			A. BUILDING.			
		MHL011-260	B. WING		10/	12/2018
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HE PE	EK HOME		SY RIDGE RO LE, NC 28805			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	August MAR and ha that when she had have shown the me -She confirmed tha 8/15/18 and had no She stated she had documentation. Interview on 10/12/ Professional reveal -She recieved MAR reviewed for any mi -Quarterly she revie	she had made an error on the ad to recopy it. She indicated to recopy the MAR she must edication for the entire month. t the 1mg was not filled until t be given the entire month. I made an error in her 18 with the Qualfied ed: 28 monthly and at that time she issed documentation. ewed medications and o medications as well as the				

73QX11