STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-376	A. BUILDING: _____ B. WING _____	10/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF LUV	3203 MEADOW LANE WAUGHTOWN, NC 27107

(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 survey was completed on 10/26/2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure treatment plans were developed with 30 days of admission affecting 1 of 1 client (#1). The findings are: Review on 10/26/2018 of client #1's record revealed: - Admission date: 9/5/2018 - Diagnoses noted on FL2 form dated 8/28/2018: Depression; Obsessive-Compulsive Disorder; Mild Mental Retardation; "Brain Trauma (birth)"; "Rococea" (Rosacea); Tremors; Obesity; and "Omyehomyeosis" (Onychomycosis - fungal infection of nail); - An admission assessment dated 8/20/2018 noted "goals" of maintaining safety in the home, provide appropriate supervision, and enhance optimum health through personal cleanliness; - A treatment plan dated 2/13/2018 developed by a previous residential treatment provider was present with goals related to increasing independent living skills and to increase socialization and communication skills at the other residential facility; - No documentation that a treatment plan had been developed with client #1 within 30 days of admission to the facility. Interview on 10/26/2018 with client #1 revealed: - His personal goals were to be "safe and happy and keep my weight in check:' - A new treatment plan had not been developed since his admission to the facility. Interview on 10/26/2018 with Licensee #1 revealed: - Client #1's goals were to "make sure they (clients) take showers and stuff";	V 112		

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V 112	Continued From page 2 - The Administrator/ Licensee #2 had oversight of client records/treatment plans. Interview on 10/26/2018 with the Qualified Professional (QP) revealed: - A treatment plan had not been developed since client #1's admission to the facility; - The QP planned to discuss with the Administrator/Licensee #2 that client #1's Care Coordinator from the Local Management Entity/Managed Care Organization (LME/MCO) be responsible for treatment plan development. Interview on 10/26/2018 with the Administrator/Licensee #2 revealed: - The Administrator/Licensee #2 had written goals on client #1's assessment prior to his admission; - A formal treatment plan was not developed with client #1 within 30 days of his admission; - She had been told that a treatment plan only needed to be completed once a year, and client #1 already had one from his previous residential facility; - She did not know that a new treatment plan needed to be developed.	V 112		
V 118	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 clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be	V 118		

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V 118	Continued From page 3 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 record reviews, observation and interviews, the facility failed to ensure medications were administered as ordered by the physician and MARs were kept up to date affecting 1 of 1 client (#1). The findings are: Review on 10/26/2018 of client #1's record revealed: - Admission date: 9/5/2018 - Diagnoses noted on FL2 form dated 8/28/2018: Depression; Obsessive-Compulsive Disorder; Mild Mental Retardation; "Brain Trauma (birth)"; "Rococea" (Rosacea); Tremors; Obesity; and "Omyehomyeosis" (Onychomycosis - fungal infection of nail);	V 118		

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V 118	Continued From page 4 - Physicians orders for the following medications: - Refresh Tear Drop 0.5% eye drops, instill one drop in each eye four times daily (QID), dated 8/28/2018; - Trazodone 50 milligrams (mg), 1 tablet every night at bedtime (QHS), dated 8/28/2018. Review on 10/26/2018 of client #1's MARs dated 9/5/2018 to 10/26/2018 revealed: - No documentation of administration of Refresh Tear Drops at 12:00 pm from 9/5/2018 to 10/25/2018; - The MAR noted the administration instructions for Trazadone 50 mg as: 1 tablet twice daily (BID) as needed for anxiety, agitation or sleep; - Trazadone 50 mg was documented as having been administered every day at 8:00 PM from 9/5/2018 to 10/25/2018; - There was no documentation of administration of Trazadone at any other time of day. Observation at approximately 10:25 AM on 10/26/2018 of client #1's medications revealed: - The Trazadone 50 mg administration label instruction was 1 tablet QHS; - The Trazadone package was fill by the Pharmacy on 9/26/2018. Interview on 10/26/2018 with client #1 revealed: - He did not use the Refresh Tear Drops at noon because he did not always need it, and his day program did not allow medications to be brought in from outside; - He took Trazadone every night to help him sleep. Interview on 10/26/2018 with the Qualified Professional (QP) revealed: - The QP was not involved with oversight of client medications;	V 118		

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V 118	Continued From page 5 - The Administrator/Licensee was responsible for ensuring MARs were correct and that medication was administered correctly. Interview on 10/26/2018 with the Administrator/Licensee #2 revealed: - Client #1 did not want to use his Refresh Tear Drops four times a day; - She would make sure that medication refusal was documented and talk to client #1's doctor about changing the order due to client #1's refusal to use the Refresh Tear Drops; - The Administrator/Licensee #2 had written the administration instructions for client #1's Trazadone on the MARs; - She did not know why she wrote the incorrect administration instructions for Trazadone; - Client #1 had taken Trazadone every night as ordered by the physician.	V 118		