PRINTED: 10/29/2018

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ MHL011-260 B. WING 10/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 GRASSY RIDGE ROAD THE PEEK HOME ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on October 12. 2018. A deficiency was cited. DHSR - Mental Health This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living. Lic. & Cert. Section V 118 27G .0209 (C) Medication Requirements V 118 Corrective Action Steps: 10A NCAC 27G .0209 MEDICATION QP will check Medication REQUIREMENTS Administrative Records (MARs) (c) Medication administration: (1) Prescription or non-prescription drugs shall during monthly supervisions only be administered to a client on the written completed at the AFL home. order of a person authorized by law to prescribe drugs. Once per quarter, QP will (2) Medications shall be self-administered by check current prescriptions clients only when authorized in writing by the alongside the MARs to check client's physician. (3) Medications, including injections, shall be accuracy. administered only by licensed persons, or by Both Alternative Family Living unlicensed persons trained by a registered nurse. pharmacist or other legally qualified person and (AFL) staff will receive privileged to prepare and administer medications. re-training in medication (4) A Medication Administration Record (MAR) of administration on November all drugs administered to each client must be kept current. Medications administered shall be 13, 2018, to gain knowledge recorded immediately after administration. The MAR is to include the following: on how to activate new (A) client's name; prescription orders on the MAR. (B) name, strength, and quantity of the drug: C. Loa Holmer, usw MP17/18 (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the

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

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation

TITLE

(X6) DATE

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING __ MHL011-260 10/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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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 118	Continued From page 1	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 Deficit Hyperactivity Disorder, Tourette's syndrome, Oppositional Defiance Disorder, mild Intellectual Disability, Bi Polar Disorder, asthma, gastro esophageal reflux disorder, and hearing lossPhysician's order dated 6/6/18 for Prazosin 2mg 1 at bedtimePhysician's order dated 8/15/18 for Prazosin 1mg, 1 at bedtimePhysician's order dated 6/6/18 for Topiramate 50mg, 1 twice daily for 2 weeks then 1 at bedtime.				
	Review on 10/11/18 and 10/12/18 of the MARs dated 8/2018-10/2018 for Client #1 revealed: -The September 2018 MAR did not include the direction for administration of the TopiramateThe August 2018 MAR showed administration of both the 2mg Prazosin and the 1mg Prazosin for the entire month. The 1mg Prazosin was not ordered until 8/15/18.				
	Interview on 10/12/18 with the AFL Provider revealed: -She confirmed the 1mg Prazosin was not ordered until 8/15/18.				

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL011-260 10/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 GRASSY RIDGE ROAD THE PEEK HOME ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 2 -She indicated that she had made an error on the August MAR and had to recopy it. She indicated that when she had to recopy the MAR she must have shown the medication for the entire month. -She confirmed that the 1mg was not filled until 8/15/18 and had not be given the entire month. She stated she had made an error in her documentation. Interview on 10/12/18 with the Qualfied Professional revealed: -She recieved MARs monthly and at that time she reviewed for any missed documentation. Quarterly she reviewed medications and compared orders to medications as well as the MAR.

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