

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601378	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
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NAME OF PROVIDER OR SUPPLIER DOROTHY HARDISON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4337 SAWMILL TRACE LANE CHARLOTTE, NC 28213
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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 11-15-18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living in a Private Residence for All Disability Groups.</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</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>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to medications were administered according to physicians order and the MAR was accurate, effecting one of three clients (client #2). The findings are:</p> <p>Review on 11-14-18 of client #2's physicians order revealed: - Clobetasol apply twice daily as needed signed 4-30-18, Metformin 500 mg daily.</p> <p>Review on 11-14-18 of September 2018 MAR at the office revealed: -Clobetasol administered once a day -Metformin not signed as being administered at all September 1-9, signed every other day after that.</p> <p>Review on 11-14-18 of copy of September MAR at the facility revealed: -Metformin had been signed on the copy for September 1-9.</p> <p>Review on October and November MAR's revealed: -metformin signed as being administered every other day.</p> <p>Interview on 11-14-18 with the AFL (alternative family living) provider revealed: -The doctor had told her to start giving the metformin every other day since client #2 was doing so well.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-She couldn't produce the doctor's order with the new order</p> <p>Interview on 11-15-18 with the Quality Assurance director revealed:</p> <p>-They would make sure that there was a signed order for all changes.</p>	V 118		