STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-473	A. BUILDING: _____ B. WING _____	R 11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES SUPPORT SVCS OF WAKE CO - HAILEY	408 HAILEY DRIVE RALEIGH, NC 27606

(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 11/20/18. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities.	V 000		
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 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.	V 118		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure one of three audited clients (#3) self administered medications only when authorized in writing by a physician. The findings are: Review on 11/20/18 of client #3's record revealed: - admitted to the facility 9/1/95 - diagnoses of Intellectual Developmental Disorder; Seizure Disorder; Hyperlipidemia: Gait abnormality and tremors - a FL2 dated 1/3/18: Clonazepam 1mg three times (TID) a day (can treat seizure disorder) and Levetiracetam 250mg half TID a day - no physician order to self administer his medications Review on 11/20/18 of client #3's November 2018 MAR revealed: - the Clonazepam & Levetiracetam was take at 8am; 12pm and 5pm Observation on 11/20/18 at 3:32pm revealed: - client #3 show the surveyor a 2 pill dispenser During interview on 11/20/18 client #3 reported: - he took the 2 pill dispenser with him to work today - he self administered his medication daily at noon During interview on 11/20/18 the Qualified Professional reported: - she has been with the facility for 8 years	V 118		

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V 118	Continued From page 2 - client #3 has self administered his noon medications since she been employed at the facility - if there was a self administer order it was probably archived - she contacted his physician's office today for a self administer order	V 118		