STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-082	A. BUILDING: _____ B. WING _____	01/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDREWS DRIVE FAMILY CARE FACILITY	2621 ANDREWS DRIVE SANFORD, NC 27332

(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 January 28, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 C 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 record review, observation and interview, the facility failed to keep the MAR current for 1 of 1 client (#1.) The findings are: Review on 1/25/19 of Client #1's record revealed: - Admission date of 8/1/17 - Diagnoses of Bipolar Disorder with Dependent Personality; Personality Disorder, Not Otherwise Specified; Hyperlipidemia; Asthma; Allergies; Anemia; Non-Insulin Dependent Diabetes Mellitus; Spinal Stenosis; Neurodematitis; Lower Extremity Edema; Chronic Obstructive Pulmonary Disease; Onychomydosis Bursitis. - Physician's orders included an order dated 9/18/18 for Haloperidol 5mg, one tablet three times each day. - A January 2019 MAR documenting staff administered Haloperidol 5mg to the client from 1/1/19 through 8:00 AM on 1/25/19. Observation on 1/25/19 at 3:30 PM of Client #1's medications-on-hand revealed: - The medication Haloperidol 5mg was not available in the client's current medications. During interview on 1/25/19, the facility's Associate Professional (AP:) - confirmed the medication was not currently available in Client #1's medications-on-hand. - believed the client's physician discontinued the medication on 1/11/19. However, she was unable to locate a discontinue order signed by the client's doctor. - contacted the facility's pharmacist who said she	V 118		

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V 118	Continued From page 2 would locate and provide a copy of a note dated 1/3/19 from Client #1's physician to discontinued the medication. Review on 1/28/19 of a copy of information faxed from the pharmacist to the facility revealed: - Client #1's physician ordered staff to discontinue administering Haloperidol 5mg, one tablet three times each day to Client #1. During further interview on 1/28/19, the facility's AP confirmed: - staff failed to accurately document medication administration to Client #1 and keep her MAR current.	V 118		