Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092-369	B. WING		01/31/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, STATE, ZIP CODE				
DOWTIN'S THERAPEUTIC HOME 3912 WILLOW OAK ROAD RALEIGH, NC 27604							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		E	
V 000	INITIAL COMMENT	rs .	V 000				
	2019. A deficiency This facility is licens	sed for the following service C 27G .5600F Supervised					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person andrugs. (2) Medications shat clients only when and client's physician. (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests a checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the aluding injections, shall be y licensed persons, or by trained by a registered nurse, a legally qualified person and a and administer medications. ministration Record (MAR) of a de to each client must be kept a sadministered shall be ely after administration. The					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		MHL092-369	B. WING		01/3	1/2019	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		0.0	
DOWTIN	DOWTIN'S THERAPEUTIC HOME 3912 WILLOW OAK ROAD						
DOWIIN	3 INEKAPEUTIC NO	RALEIGH	, NC 27604				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IOULD BE COMPLÉTE		
V 118	Continued From page 1		V 118				
	This Pula is not me	et as evidenced by:					
	This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure one of two						
		tions were administered on the hysician. The findings are:					
	revealed: - admitted to the	/31/19 of client #2's record facility on 7/1/01					
	Developmental Disc	evere Intellectual order; Impulse Control; History Depression and Diabetes					
	- a FL2 dated 4/6	6/18: Divalproex 500mg 1 ne (can be used to treat certain ns)					
	. ,	rder dated 1/9/19: Loratadine ig (can treat allergy symptoms)					
	Observation on 1/3 medication box rev						
	- No Divalproex C	or Loralaume					
	 the Divalproex during the morning 	of client #2's MAR revealed: was administered until 1/31/19					
	January 9 - 31, 201	ion of the Loratadine from 9					
	reported:	1/31/19 the pharmacist					
	the facility on 1/2/19 discontinued	9 that the Divalproex was enough Divalproex to last until					

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		MHL092-369	B. WING		01/:	31/2019	
	NAME OF PROVIDER OR SUPPLIER DOWTIN'S THERAPEUTIC HOME STREET ADDRESS, CITY, STATE, ZIP CODE 3912 WILLOW OAK ROAD RALEIGH, NC 27604						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	(1/29/19) - he will send the - there was no re however he will adv During interview on reported: - she does not be requested client #2's m together in individua - she assumed th packet when she ac - client #2 have a 2/8/19 & she planne take the Loratadine	e Divalproex today fills on the Loratadine fance the facility 30 pills today 1/31/19 the Licensee elieve anybody from her office is Divalproex be discontinued edications are dispensed al packets he Divalproex was in the dministered the medications a physician's appointment on ed to see if client #2 needed to	V 118				

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Division of Health Service Regulation STATE FORM