## PRINTED: 03/04/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL042-055	B. WING		03/	04/2019
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
YONS A	ANGELS		ELIAN SPRING (E RAPIDS, NG			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual & complaint survey was completed on 3/4/19. The complaint was unsubstantiated Intake #NC00147383. A deficiency was cited.					
		sed for the following service C 27G .5600F Supervised Family Living.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	<ul> <li>only be administered order of a person a drugs.</li> <li>(2) Medications shat clients only when an client's physician.</li> <li>(3) Medications, inclient's physician.</li> <li>(4) A Medication Addition and all drugs administered on the privileged to prepare current. Medication and all drugs administered immediate MAR is to include the theory of the physician and the strength, and the strength, and the strength of the physician and the strength of the physicia</li></ul>	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

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Division	of Health Service Re	gulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL042-055	B. WING		03/0	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LYONS A	NGELS		LIAN SPRIN E RAPIDS, N			
(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 SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	with a physician. This Rule is not me Based on observati interview the facility were administered physician and MAR clients (#2). The fin A. Record review of revealed:	et as evidenced by: on, record review and failed to ensure medications on the written order of a s were kept current for 1 of 2	V 118			
	& Attention Deficit H & recent diagnosis - physicians order Hydroxychloroquine lupus); Clonidine 1r & cancer pain; 2/23 the morning (can tr Omeprazole 10ml g gastroesophageal r	ers dated: (12/15/18): 200mg 1.5 gtube (can treat ng (6/11/18): can treat ADHD /19: (Methylphenidate 20mg in eat ADHD); (2/14/19):				
	following: - empty medicati - the medication Review on 2/28/19 MAR revealed:	8/19 at 12:26pm revealed the on bottle for Methylphenidate was filled on 2/23/19 of client #2's February 2019				
Division of H	February 1-28	idate was signed from 2/28/19 a representative with ted:				

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STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED 03/04/2019	
				03/		
			L DDRESS, CITY, STATE, ZIP CODE			
NGELS						
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From page 2		V 118				
the physician to refi - the medication pills - the pharmacy of until the prior autho During interview on reported: - the physician ha authorization for the - she contacted to the present of the s reported the prior a physician's signatur - the pharmacy w Methylphenidate at - she administered client #2 B. Review on 2/28/2 MAR revealed the f - the medications Clonidine & Clobazz February 21-28 During interview on reported: - client #2 has re - she did not sign the medication "Due to the failure to medication administ determined if clients	II the Methylphenidate was filled on 2/23/19 with 3 can dispense 3 pills at a time rization was received 2/28/19 the Licensee as not submitted the prior e Methylphenidate for client #2 the physician's office today in urveyor and a representative uthorization was awaiting the re vas dispensing 3 a time ed the last one this morning to 19 of client #2's February 2019 ollowing: s Hydroxychloroquine, am was not signed from 2/28/19 the Licensee ceived all her medications n the MAR after administering o accurately document tration it could not be s received their medications					
	OF DEFICIENCIES DF CORRECTION ROVIDER OR SUPPLIER <b>IGELS</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa - pharmacy waiti the physician to refi - the medication pills - the pharmacy of until the prior autho During interview on reported: - the physician ha authorization for the she contacted t the present of the s reported the prior a physician's signatur - the pharmacy v Methylphenidate at - she administere client #2 B. Review on 2/28/ <sup>7</sup> MAR revealed the f - the medications Clonidine & Clobaz February 21-28 During interview on reported: - client #2 has re - she did not sign the medication "Due to the failure t medication adminis	OF CORRECTION       IDENTIFICATION NUMBER:         MHL042-055         ROVIDER OR SUPPLIER       STREET AL         NGELS       804 AUR         ROANOP       SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 2       -         -       pharmacy waiting on prior authorization from         the physician to refill the Methylphenidate       -         -       the pharmacy can dispense 3 pills at a time         until the prior authorization was received       During interview on 2/28/19 the Licensee         reported:       -         -       the physician has not submitted the prior         authorization for the Methylphenidate for client #2       -         -       she contacted the physician's office today in         the present of the surveyor and a representative       reported the prior authorization was awaiting the         physician's signature       -         -       the pharmacy was dispensing 3         Methylphenidate at a time       -         -       she administered the last one this morning to         client #2       B. Review on 2/28/19 of client #2's February 2019         MAR revealed the following:       -         -	COF DEFICIENCIES PF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING:	OF DEFICIENCIES FCORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING:         MHL042-055       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SOVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PROVIDER'S PLAN OF (EACH CORRENCE)         Continued From page 2       V 118         - pharmacy waiting on prior authorization from the physician to refill the Methylphenidate - the medication was filled on 2/23/19 with 3 pills       V 118         - the pharmacy can dispense 3 pills at a time until the prior authorization may received       V 118         During interview on 2/28/19 the Licensee reported: - she contacted the physician's office today in the present of the surveyor and a representative reported the prior authorization was awaiting the physician's signature - she administered the last one this morning to client #2         B. Review on 2/28/19 of client #2's February 2019 MAR revealed the following: - the medications Hydroxychloroquine, Clonidine & Clobazam was not signed from February 21-28         During interview on 2/28/19 the Licensee reported: - client #2 has received all her medications - she did not sign the MAR after administering the medication         Tue to the failure to accurately document medication administration it could not be determined if clients received their medications	OPE DEFICIENCIES PEORRECTION       (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING:       (X3) DATA A BUILDING:         OVER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SQUERS       804 AURELIAN SPRINGS ROAD ROANOKE RAPIDS, NC 27870         SUMMARY STATEMENT OF DEFICIENCIES RECULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PREVIDENCE TO THE APPROPRIATE (EACH OBRECTURE ADDRESS), CITY, STATE, ZIP CODE         Continued From page 2       V118       PREFIX TAG       PREFIX CONS-REFERENCED TO THE APPROPRIATE DEFICIENCY WIST BE PRECEDED BOY FULL RECULATORY OR LSC IDENTIFYING INFORMATION)       V118         Continued From page 2       V118       PREFIX TAG       PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY         - the medication was filled on 2/23/19 with 3 pills       Iblis at a time until the prior authorization mas received       V118         During interview on 2/28/19 the Licensee reported:       - the pharmacy was dispensing 3 Methylphenidate for Client #2 Second the Signature       - she administered the last one this morning to Client #2         B. Review on 2/28/19 of Client #2's February 2019 MAR revealed the following:       - she administered the last one this morning to Client #2 has received all her medications - she did not sign the MAR after administering the medication       - blist did not sign the MAR after administering the medication         "During interview on 2/28/19 the Licensee reported:       - She administerind it could not be determined it clients re	

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