

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTION MIDLAND CT	STREET ADDRESS, CITY, STATE, ZIP CODE 3309 MIDLAND COURT GREENVILLE, NC 27833
---	---

(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 and follow-up survey was completed on April 11, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</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 with a physician.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTION MIDLAND CT	STREET ADDRESS, CITY, STATE, ZIP CODE 3309 MIDLAND COURT GREENVILLE, NC 27833
---	---

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of two clients (#1). The findings are:</p> <p>Review on 04/10/19 of client #1's record revealed: - 47 year old male. - Admission date of 12/07/16. - Diagnoses of Autism, Intermittent Explosive Disorder, Moderate Intellectual Developmental Disability and Acid Reflux.</p> <p>Review on 04/10/19 of a signed Nurse Practitioner order dated 03/14/19 revealed: - Vitamin D (treats vitamin D deficiency) 50,000units - take one by mouth twice a week on Monday and Thursday for 8 weeks.</p> <p>Review on 04/10/19 of client #1's March 2019 and April 2019 MARs revealed: - No transcribed entry for Vitamin D. - No staff initials to indicate the Vitamin D was administered as ordered.</p> <p>Observation on 04/10/19 at approximately 3:00pm of client #1's medications revealed no Vitamin D available for administration.</p> <p>Interview on 04/10/19 the Clinical Director stated: - Client #1's health care provider had prescribed the Vitamin D and the order was supposed to have been faxed to the pharmacy.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTION MIDLAND CT	STREET ADDRESS, CITY, STATE, ZIP CODE 3309 MIDLAND COURT GREENVILLE, NC 27833
---	---

(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The pharmacy had not filled the Vitamin D. - She would follow up to ensure medications were administered as ordered. <p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p>	V 118		