STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601019	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND'S HOUSE #1	228 GOFF STREET CHARLOTTE, NC 28208

(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 4/10/19. A deficiency was cited. This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.	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 and interview the facility failed to have medication orders written by a person authorized by law to prescribe drugs for 1 of 3 audited client (#1). The findings are: Review on 4/10/19 of client #1's records revealed: - Admission date of 3/17/08; - Diagnoses of Moderate Intellectual Developmental Disability, Schizophrenia, Mental Disorder, Attention Deficit Hyperactivity Disorder, Asthma, Bronchitis and Allergic Rhinitis per treatment plan dated 3/20/19; - No medication order for client #1's medication Vitamin D-3 tablet, 5000IU, (1) tablet by mouth daily, as documented on the March 2019 and April 2019 Medication Administration Records (MAR's). Interview on 4/10/19 with the Qualified Professional (QP) revealed: - She was aware client #1 was prescribed the medication Vitamin D tablet; - She would call the pharmacy to have them fax the physician's order for client #1's Vitamin D and then send a copy of the prescription to the surveyor, however the prescription was never received from the QP.	V 118		