

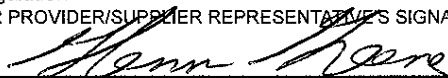
PRINTED: 04/30/2019
FORM APPROVED

Division of Health Service Regulation

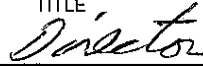
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/17/2019
NAME OF PROVIDER OR SUPPLIER BETHESDA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A ABERDEEN, NC 28315		
(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 and follow up survey was completed on April 17, 2019. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600 E Supervised Living for Adults with Substance Abuse Dependency and 10A NCAC 27G .3200 Social Setting Detoxification for Substance Abuse.	V 000	Deficiencies have been corrected by the following: House Manager #1 was given a class on Medication Administration on April 23, 2019. This class was given by Jeannie Donaldson, RN. The class was also attended by our Administrative Assistant. Following this class, Mrs. Donaldson met with the Director, the Administrative Assistant, and both House Managers. She told us how to properly get medications to our clients. Beginning on May 3, 2019, we will have the Administrative Assistant place evening and morning medications in sealed containers. She will give evening medications to clients and have the House Manager give the sealed containers to our clients in the mornings. They will then initial the MAR Sheets to confirm that the client has taken the medications.	
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	V 118		

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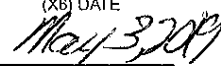
By DHSR - Mental Health Lic. & Cert. Section at 4:08 pm, May 15, 2019

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

TITLE



(X6) DATE



Glenn Greene, CSAC
Director

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Aberdeen, North Carolina 28315
(910) 944-7700 944-2908



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FAX TRANSMITTAL SHEET

DATE: 5-3-19

FROM: Glenn Greene / us

NUMBER OF PAGES: 2

TO: _____

COMPANY: Department of Health and Human Services

FAX NUMBER: 919-715-8078

REGARDING: Statement of Deficiencies and Plan of Correction.

Thank you!

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