STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-057	A. BUILDING: _____ B. WING _____	05/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENJAMIN HOME	8275 HIGHWAY 301 HALIFAX, NC 27839

(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 5/9/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.	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 observation, record review and interview the facility failed to ensure one of one client (#1) medications were administered on the written order of a physician. The findings are: Review on 5/8/19 of client #1's record revealed: - admitted to the facility on 5/8/19 - diagnoses of Intellectual Disability & Tourette - a physician's order dated 3/15/19: Levothyroxine 88mcg everyday (can treat hypothyroidism) & Fluphenazine 2.5mg everyday (can treat schizophrenia) Observation on 5/8/19 at 2:22pm of client #1's medication labels revealed the following: - Levothyroxine 88mcg everyday - Fluphenazine twice a day Review on 5/8/19 of client #1's April 2019 MAR revealed: - Levothyroxine 75mcg everyday - Fluphenazine twice a day During interview on 5/8/19 the Licensee reported: - he didn't notice the discrepancies with the medications - the Qualified Professional reviewed the MARs - he would follow up with client #1's physician	V 118		