STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073-061	A. BUILDING: _____ B. WING _____	R 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCDANIEL HOME #1	192 COUNTRY CLUB ROAD ROXBORO, NC 27574

(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 May 15, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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, observation and interview the facility failed to ensure medication was available to administer as prescribed by the physician for one of two audited clients (#1). The findings are: Review on 5/15/19 of client #1's record revealed: - Admission date of 2/2/13. - Diagnoses of Other Disorders of Psychological Development; Paranoid Schizophrenia; Disorder of Bile Acid; Cholesterol Metabolism; Mild Mental Retardation. Review on 5/15/19 of client #1's physician's order revealed: -Order dated 1/29/19. -Melatonin 5 mg- 1 tablet at bedtime. Take as needed. -Order dated 4/2/19. -Melatonin 5 mg- 1 tablet at bedtime. Take as needed. Observation on 5/15/19 at 10:00 a.m. of client #1's medication revealed: -Melatonin 5 mg was not available. Review on 5/15/19 of client #1's Medication Administration Record (MAR) for March 2019-May 2019 and February 2019 revealed: -Melatonin 5 mg was given throughout the month of February. -Melatonin 5 mg was last given on March 3, 2019. -MAR continued to display Melatonin 5 mg for the months of March 2019, April 2019 and May 2019,	V 118		

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V 118	Continued From page 2 but had not been administered as it showed "as needed." -There was no discontinue orders from the physician for Melatonin 5 mg. Interview on 5/15/19 with the Assistant Director revealed: -Melatonin 5 mg was ordered by Client #1's psychiatrist at end of January to take as needed. -He thought that Client #1 was only to take Melatonin 5 mg until it ran out. -Once bottle of Melatonin 5 mg ran out, group home did not have order refilled. -He was under the impression that the order for Melatonin 5 mg had been discontinued. -He would contact Client #1's psychiatrist to have order of Melatonin 5 mg discontinued. -He acknowledged that there was no discontinue orders for Melatonin 5 mg and that the medication was not available at the home.	V 118		