Division of Health Service Regulation

MHL075-028 B. WING D5/13/2019 NAME OF PROVIDER OR SUPPLIER POAGUE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 919 ROCKWOOD LANE TRYON, NC 28782 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED.)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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(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		REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person a drugs. (2) Medications shaclients only when a client's physician. (3) Medications, incadministered only builticensed persons pharmacist or other privileged to prepar (4) A Medication Acall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The the following: and quantity of the drug; administering the drug; the drug is administering the for medication changes or				

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 (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL075-028		B. WING		05/13/2019		
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V 118	Continued From pa	nge 1	V 118			
	interviews, the facil order of a physiciar #2). The findings at Record review on 5 -Admission date of Intellectual Disabilit Attention Deficit Hy-Physician orderedQuetiapine 200mg ordered 4/30/19Citalopram 40mg ordered 3/27/19Atomoxetine 80m ordered 11/27/18. Review on 5/13/19 revealed:	ion, record review and ity failed to follow the written affecting 1 of 2 clients (Client re: 5/13/19 for Client #2 revealed: 3/29/19 with diagnoses of Mild ty, Conduct Disorder and reperactivity Disorder (ADHD). medications included: g (antipsychotic) once daily (depression) once daily g (ADHD) once in the am of MARs for March-May 2019 administered 3/29/19-4/29/19				
	caregiver) revealed -She administered MAR she was given par medications when opaperwork included were no orders/pre-She scheduled a cas possible to get a	medications according to the n from the previous AFL. Derwork and bottles of Client #2 moved in. The d a list of medications but there scriptions included.				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
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V 118	(QP) revealed: -Client #2 moved from agency. She was not aware the new AFLShe made on site of documentation, me	ge 2 om another AFL with their not the QP for the previous AFL orders did not go with him to visits quarterly to review dications and MARs. She had #2's MARs or orders since he	V 118			

Division of Health Service Regulation STATE FORM