PRINTED: 06/13/2019 FORM APPROVED

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
	MHL059-074			06/07/2019		
PROVIDER OR SUPPLIER	STREET A					
B HOME			VE			
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
INITIAL COMMENT	ſS	V 000				
category: 10A NCAC 27G .56	00F Supervised Living for					
27G .0209 (C) Med	ication Requirements	V 118				
REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person at drugs. (2) Medications sha clients only when at client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (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 trained by a registered nurse legally qualified person and e and administer medications ministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administering the for medication changes or					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI INITIAL COMMENT An annual survey w deficiency was cited This facility is licens category: 10A NCAC 27G .56 Individuals of all Dis Family Living. 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications sha client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ada all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-074 ROVIDER OR SUPPLIER STREET A T40 DEE MARION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 6/7/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. 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 administration. The MAR is to include the following: (A) A Medication Administration Record (MAR) of all drugs administered to each client must be kep current. Medications administering 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 d	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: DENTIFICATION NUMBER: ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST 740 DEEP WOODDS DRI MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 An annual survey was completed on 6/7/19. A deficiency was cited. V 000 This facility is licensed for the following service category: V 118 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 (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. V 118 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medication saministering the drug; (C) instructions for administering the drug; (C) inate or initials of person administ	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIENCIAL (X2) MULTIPLE CONSTRUCTION A. BUILDING:	TOF DEFICIENCIES (X1) PROVIDERSUPPLIENCLIA DENTIFICATION NUMBER: (X2) MULTURE CONSTRUCTION A BUILDING: 	

HR8N11

PRINTED: 06/13/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-074		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:			06/07/2019	
		MHL059-074			06/		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE			
BOWER	S HOME		P WOODS DR , NC 28752	IVE			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 118	Continued From page 1		V 118				
	file followed up by a with a physician.	appointment or consultation					
	interviews, the facil	on, record review and ity failed to follow the written a affecting 1 of 3 clients (Client	t				
	-Admission date of Oppositional Defiar Disorder, Mood Dis Disability, Prater W Osteoporosis. -Physician ordered Loratadine (antihis needed ordered 1/7	/6/19 for Client #1 revealed: 9/21/15 with diagnosis of at Disorder, Impulse Control order, Mild Intellectual illi, Asthma, Scoliosis and medications included: stamine) 10mg once daily as //19. high blood pressure) once					
	daily ordered 9/27/1 Atorvastatin (Lipite daily at bedtime ord	I8. or) 40mg (high cholesterol)					
	Review on 6/6/19 o revealed:	f MARs for March-June 2019 itialed as administered from					
	4/1/19-6/6/19. (67 c Lisinopril was adn	lays) ninistered from 3/1/19-3/10/19 istered from 3/1/19-3/10/19.					
	discontinue Lisinop was not signed.	n 3/11/19 indicated to ril, Lipitor and Metformin but ed discontinue order available					

HR8N11

PRINTED: 06/13/2019 FORM APPROVED

		CALINE CONTRACTOR (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL059-074			06/	06/07/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BOWER	S HOME		P WOODS DRI , NC 28752	IVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	until 6/7/19 (88 day Observation on 6/6 revealed: Medication box for packets (dispill pac medications. Not ir was PRN medication Interview on 6/6/19 -He was solely resp keeping medication -He did not realize 3 medications that -The doctor added newest Loratadine administered daily. it in the dispill pack -He had no idea it w pack of multiple me Interview on 6/6/19 revealed: -He checked those	s). /19 at approximately 1pm Client #1 contained individual ks) holding 7 different holuded in these dispill packs ons including Loratadine. with Staff #1 revealed: bonsible for orders and us in order. he did not have orders for the were discontinued. PRN (as needed) to the order even though it was The pharmacy did not include after the March delivery. vas no longer included in the	V 118	DEFICIENC		

HR8N11