STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED R		
			A. BUILDING:				
	MHL029-025		B. WING	· · · · · · · · · · · · · · · · · · ·		06/13/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
HE WO	RKSHOP OF DAVIDS		ST NINTH STRI				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An Annual and Follo on 6-13-19. A defic	ow-Up Survey was completed ciency was cited.					
	category:	sed for the following service 'G .5600C: Supervised Living y Disabled Adults					
V 118	27G .0209 (C) Med	lication Requirements	V 118				
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, inclusion administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the distance of the persons of the persons of the persons of the privileged to prepare (3) and the persons of the persons	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 kep is administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and					
	drug. (5) Client requests checks shall be rec	of person administering the for medication changes or corded and kept with the MAR appointment or consultation					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-025			CONSTRUCTION		E SURVEY PLETED		
			A. BUILDING:				
		B. WING			R 06/13/2019		
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
HE WO	RKSHOP OF DAVIDS	ON-GROUP HOM	T NINTH STRI ON, NC 2729				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 118	Continued From page 1		V 118				
	with a physician.						
	This Rule is not ma	et as evidenced by:					
	Based on interview	a Medication Administration					
	Record (MAR) for e	each client current and					
	accurate, including the name or initial of the person administering the drug, for 1 (client #1) of						
	3 clients surveyed. The findings are:						
	Review on 6-12-19 revealed:	of client #1 's facility record					
	- admitted 10-9	9-85					
	 74 years old diagnosed wit 	th:					
		al Disability Disorder					
	- Dementia						
	- Hypertens - Legally Bl						
	- prescribed by	his Primary Care Physician on					
	4-23-19:	n ER (extended release) 10					
	mg (milligrams) on						
		(HCTZ (Hydrochlorothiazide)					
	10/12.5 mg one, da	ally in the morning he HCL (hydrochloride) 5mg					
	one, twice daily	le nee (nyaroenionae) sing					
		HCL 5 mg one, in afternoon					
	Review on 6-13-19 his:	of client #1 's MAR revealed					
		as not documented as given					
	on: - 4-12-19						
	- 4-12-19 - 5-6-19						

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-025		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		BENTI IO/TION NOWBEN.	A. BUILDING:			
		B. WING			R 06/13/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HE WO	RKSHOP OF DAVIDS	ON-GROUP HOM	ST NINTH STR FON, NC 2729			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	age 2	V 118			
	- quinapril/HCTZ was not documented as given on:					
	- 4-12-19 - memantine w	as not documented as given				
	on: - 4-12-19 n	norning dose				
	- 4-1-19 af	ternoon dose				
		ternoon dose ternoon dose				
		ternoon dose				
	 - 4-5-19 afternoon dose - 4-6-19 afternoon dose 					
		ternoon dose				
		ternoon dose ternoon dose				
	- 4-10-19 a	ifternoon dose				
		fternoon dose Ifternoon dose				
		s not documented as given on				
		fternoon dose ifternoon dose				
		9 with the Group Home				
	Manager (GHM) re - she administe	vealed: ered medications to clients				
	- she documen	ted on the MAR when				
	medications were g	given other staff ' s MAR				
	documentation					
		physician ' s orders ailed to reveal how 18 doses of				
		given but not documented as				
	given, if the GHM v	vas reviewing MARs.				
		9 with the Qualified				
	Professional (QP)	revealed: s all clients to their doctor ' s				
	appointments					
	- she double-cl weekly	necks medication counts				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-025			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		R 06/13/2019		
					00/	13/2019
	PROVIDER OR SUPPLIER	226 WES	DDRESS, CITY, S ST NINTH STR			
THE WO	RKSHOP OF DAVIDS		ON, NC 2729			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 3	V 118			
	insure the medicat - the staff that for the 12 days of r documented as giv supervision regard - When asked for 12 days in a row me, that would be some staff turnove staff." - It would be go	cks the MARs monthly to ions were given as prescribed was working and responsible memantine not being ven, was given additional ing medication documentation about how this could continue w, the QP stated, "That ' s on on me. At the time we had r and issues with one particula bod going forward for staff s to have additional Medication hing.				
ision of H	ealth Service Regulation		6899	I15P11	If continu	