

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2019
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NAME OF PROVIDER OR SUPPLIER HEAVENLY PLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8600 NEUSE HUNTER DRIVE RALEIGH, NC 27616
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed 5/13/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure 1 of 3 audited clients (#4) was administered medication on the written order of a person authorized to proscribe medications. The findings are:</p> <p>Observation on 5/10/19 of client #4's medications revealed Culturelle capsules, dispensed on 4/4/19, were present</p> <p>Review on 5/10/19 and 5/13/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 8/2017 - an FL2 dated 8/28/18 including Myocardial infarction, Dysphagia, Enterocolitis, Down Syndrome and Hypertension - a physician's order dated 8/28/18 with instructions to administer 1 capsule of Culturelle daily - the March 2019 MAR had documentation to reflect the medication was administered daily - the April and May 2019 MARs did not include Culturelle at all - there was no physician's order discontinuing Culturelle <p>During an interview on 5/13/19, the Manager reported she was not aware Culturelle had been left off the MAR in April and May 2019. The Manager reported there had been issues with the pharmacy not providing MARs with correct information transcribed.</p>	V 118		

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V 118	Continued From page 2 During an interview on 5/13/19, the Qualified Professional reported she was not aware the medication was not given.	V 118		