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 SURVEY COMPLETED						
		MHL092-654	B. WING		07/0	9/2019					
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
THE EMMANUEL HOME IV 303 AQUA MARINE LANE KNIGHTDALE, NC 27545											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE						
V 000	INITIAL COMMENTS		V 000								
	An annual survey w A deficiency was cit	ras completed on July 9, 2019. red.									
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.										
V 118	8 27G .0209 (C) Medication Requirements		V 118								
	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 administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

MHL092-654 MHL092-654 STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME IV SUMMARY STATEMENT OF DEFICIENCIES (PACH) ID PREFIX (PACH CORRECTION OR LSC IDENTIFYING INFORMATION) TAG V 118 Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications administered were recorded immediately after administration for one of three audited clients (#4). The findings are: Review on 7/3/19 of client #4's record revealed: - admitted to the facility on 1/6/14 - diagnoses of Schizophrenia; Diabetes Type II; Hypertension and Obesity - a FL2 dated 3/12/19: Trazadone 50mg at bedtime (can treat depression) Review on 7/3/19 of client #4's July 2019 MAR revealed: - no staff signature for 7/1/19 & 7/2/19 at bedtime Review on 7/3/19 for client #4 faxed to the Division of Health Service Regulation revealed: - "due to staff oversightactions were taken to rectify issueadditional medication training will be provided within 10 days" - signed by the Licensea/Registered Nurse During interview on 7/3/19 the Health & Safety staff reported: - she and the Qualified Professional reviewed MARs weekly				A. BUILDING:									
Continued From page 1 V 118 Summary statement of deficiencies CROSH DEFICIENCY CROSH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY			MHL092-654	B. WING		07/09/2019							
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Division of Health Service Regulation STATE FORM

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