STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
AND I DAN OF CONNECTION			A. BUILDING:			R	
		MHL026-942	B. WING			7 17/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ABOVE	& BEYOND CARE, LL	C	SSOM ROAI LLS, NC 283				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on July 17, 2019. A The facility is licens category: 10A NCA	w up survey was completed A deficiency were cited. sed for the following service C 27G .5600C Supervised th Developmental Disabilities.					
V 118	27G .0209 (C) Med	lication 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 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 file followed up by appointment or consultation with a physician.						

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	₹
		MHL026-942	B. WING		07/1	7/2019
	PROVIDER OR SUPPLIER BEYOND CARE, LL	C 2724 BLC	DRESS, CITY, S DSSOM ROAI LLS, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	facility failed to adm written order of a pl MARs current affect clients (#2). The fin Review on 7/17/19 -23 year old male. -Admission date of -Diagnoses of: Auti- Partial Complex Se	views and interviews, the ninister medications on the hysician and failed to keep the ting one of three audited dings are: of Client #2's record revealed:				
	revealed: 2/21/19 -Losartan (treats h milligrams (mg) - 1 -Quetiapine (used t 100mg - 1 tablet in -Abilify (used to treatablets in the morni -Lamictal (treats se 150mg - 2 tablets truck tablet twice daily. Quetiapine 25mg - at 9pm Quetiapine 300mg 9/22/18	o treat bi-polar disorder) the morning. at schizophrenia) 2mg - 4 ng and 2 tablets at 3pm. izures and bi-polar disorder)				
	-Zonisamide (used tablet daily.	to treat seizures) 25mg - 1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
AND FLAN	OF CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING:				
		MHL026-942	B. WING		07/1	₹ 7/2019	
NAME OF I				OTATE ZID OODE	0771	772013	
NAME OF I	PROVIDER OR SUPPLIER		SSOM ROAI	STATE, ZIP CODE			
ABOVE 8	& BEYOND CARE, LL	C	LS, NC 283				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE	
V 118	Continued From page 2		V 118				
	10mg - 1 tablet daily -Multivitamin (vitam Review on 7/17/19	cold and allergy symptoms) y. in deficiency) 1 tablet daily. of Client # 2's June 2019 and vealed the following blanks:					
	-Losartan - 7/5/19, -Quetiapine - 7/5/1 -Abilify - 7/5/19, 7/1 -Lamictal - 7/4/19 a	7/13/19 and 7/14/19. 9, 7/13/19 and 7/14/19. 13/19 and 7/14/19 at 7am. at 9pm, 7/5/19 at 7am, 7/12/19 7am and 9pm, and 7/14/19 at					
	7am. -Lithium ER - 7/4/19 7/12/19 at 9pm, 7/1 7/14/19 at 7am.	9 at 9pm, 7/5/19 at 7am, 3/19 at 7am and 9pm, and 9 at 9pm 7/12/19 and 7/13/19					
	-Zonisamide- 7/4/19 -Loratadine - 7/5/19	9, 7/12/19 and 7/13/19. 9. 7/12/19 and 7/13/19. 9, 7/13/19 and 7/14/19. 9, 7/13/19 and 7/14/19.					
	6/30/19.	thru 6/16/19 and 6/28/19 thru					
	thru 6/30/19.	9 thru 6/19/19 and 6/28/19 u 6/16/19 and 6/28/19 thru					
	-Lamictal - 6/13/19 and 6/16/19 at 7am -Lithium ER - 6/13/ 6/15/19 and 6/16/19 6/30/19.	at 9pm, 6/14/19 thru 6/15/19 and 6/28/19 thru 6/30/19. 19 at 9pm, 6/14/19 thru 9 at 7am and 6/28/19 thru					
	6/28/19 thru 6/30/19	9 thru 6/15/19 at 9pm and 9. 19 thru 6/15/19 and 6/28/19					

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AND DUAN OF CODDECTION	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			R	
MHL026-942	B. WING		07/1	7/2019
		STATE, ZIP CODE		
ABOVE & BEYOND CARE, LLC 2724 BLOS HOPE MILL				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118 Continued From page 3	V 118			
Continued From page 3 -Zonisamide - 6/13/19 thru 6/15/19 and 6/28/19 thru 6/30/19. -Loratadine -6/14/19 thru 6/16/19 and 6/28/19 thru 6/30/19. -Multivitamin - 6/14/19 thru 6/16/19 and 6/28/19 thru 6/30/19. Interview on 7/17/19 Client # 2 stated he received his medication everyday as ordered. Interview on 7/17/19 the Licensee stated: -Client #2 always received his medications as orderedAn "A" for absent should have been put in the blanks when Client #2 was with his familyShe was aware MAR's should be kept current. Due to the failure to accurately document medication administration it could not be determined if client #2 received his medications as ordered by the physician.	V 118			

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