

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2019
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NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME IV	STREET ADDRESS, CITY, STATE, ZIP CODE 303 AQUA MARINE LANE KNIGHTDALE, NC 27545
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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	INITIAL COMMENTS An annual survey was completed on July 9, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5800A Supervised Living for Adults with Mental Illness.	V 000		
V 118	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 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.	V 118	DHSR-Mental Health JUL 26 2019 Lic. & Cert. Section	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Eloise Dorton, Executive Director

7-22-19

Division of Health Service Regulation

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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 1/8/14 - 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 7/9/19 of an level one incident report dated 7/3/19 for client #4 faxed to the Division of Health Service Regulation revealed: - "due to staff oversight...actions were taken to rectify issue...additional medication training will be provided within 10 days..." - signed by the Licensee/Registered Nurse During interview on 7/3/19 the Health & Safety staff reported: - she and the Qualified Professional reviewed MARs weekly - she (Health & Safety) reviewed MARs last night but overlooked the missed staff initials	V 118	V118 <ul style="list-style-type: none"> MAR with missing signatures corrected immediately on date of survey. Level 1 Incident completed on 7/3/19 and emailed to surveyor at Health Service Regulation. Additional Medication Training held for all Staff by R.N. on 7/12/19. 	

Chaise Dourtin, Executive Director

7-22-19