Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:

(X3) DATE SURVEY COMPLETED A. BUILDING:

MHL026-942

B. WING _

R 07/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ABOVE & BEYOND CARE, LLC 2724 BLOSSOM ROAD HOPE MILLS, NC 28348				
(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 ITEMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
V 000	INITIAL COMMENTS	V 000	AUG 1 3 2019	
	An annual and follow up survey was completed on July 17, 2019. A deficiency were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.		VII8 Lic. & Cert. Section When consumer # 2 is on thenapuetic leave, his	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 118	Chant is placed in an archive cabinet. Staff do	
	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		not have access to the chart until he retuens. Staff fail to write "A" for absent due to chart being unavailable during admistration times.	
	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:		Going forward, Staff Will document "A" for absent in consumers chart one hour after medication	
	(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		times have passed. Staff Will document the "A" for all medications to ensure it doesn't appear	
on of Hea	file followed up by appointment or consultation with a physician. Solution DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN.	tr.	that	

President

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Division of Health Service Regulation

CTATEMENT OF DESICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION				PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		MHL026-942	B. WING _		R 07/17/2019
	PROVIDER OR SUPPLIER	2724 BLC	DRESS, CITY DSSOM RO LLS, NC 2	TO T	
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	This Rule is not me Based on record reversely facility failed to administration of a ph MARs current affect clients (#2). The find Review on 7/17/19 of 23 year old male. -Admission date of 9-Diagnoses of: Autis Partial Complex Seiz Intellectual Developm Review on 7/17/19 of revealed: 2/21/19 -Losartan (treats hig milligrams (mg) - 1 taggraphs (used to 100mg - 1 tablet in the Abilify (used to treat tablets in the morning Lamictal (treats seiz 150mg - 2 tablets twite-Lithium ER (used to tablet twice daily. Quetiapine 25mg - 2 at 9pm Quetiapine 300mg - 29/22/18	t as evidenced by: views and interviews, the inister medications on the ysician and failed to keep the ing one of three audited lings are: of Client #2's record revealed: of Client #2's record rev	V 118	been missed or no given while consumers present in the home The Qualified Profess will conduct weekly to ensure marks we and correct. The Executive Director will conduct monthly checks to ensure mark correct. Staff will document for all medications of and "A" for all absorbed where medications were mot given. Staff will check marks upon conditions of and "A" for all absorbed where medications we not given. Staff will check marks upon conditions.	est on all chacks compate e R's ect. daily administered senus ere
	abiet daily.			Of their shift to e	

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL026-942	B. WING _		R 07/17/2019
	PROVIDER OR SUPPLIER	2724 BLC	DRESS, CITY DSSOM RO LLS, NC 28		
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	8/1/18 -Loratadine (treats of 10mg - 1 tablet daily -Multivitamin (vitamin Review on 7/17/19 of July 2019 MAR's revible July 2019 MAR's revible July 2019 -Losartan - 7/5/19, 7/1 -Lamictal - 7/5/19, 7/1 -Lamictal - 7/4/19 at 9pm, 7/13/19 at 7 7amLithium ER - 7/4/19 at 7amQuetiapine - 7/4/19, 7/14/19 at 7amQuetiapine - 7/5/19, 7/14/19 at 7amQuetiapine - 6/14/19 thru 6/30/19Abilify - 6/14/19 thru 6/30/19Lamictal - 6/13/19 at 7am at 6/15/19 and 6/16/19 at 7am at 6/15/19 and 6/16/19 at 7am at 6/15/19 and 6/16/19 at 6/30/19Quetiapine - 6/13/19 at 7am at 6/15/19 and 6/16/19 at 7am at 6/13/19 at 7am at 6/13/	cold and allergy symptoms) In deficiency) 1 tablet daily. of Client # 2's June 2019 and yealed the following blanks:	V 118	mar's the complete and correct. The agency is conto the health and so of each individual declares that Rule will be met going.	mmitted safety and s

PRINTED: 07/26/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R MHL026-942 B. WING_ 07/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ABOVE	a be fond care, LLC	SSOM ROAD LLS, NC 28348		
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V 118	REGULATORY OR LSC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
	Ith Service Regulation			

Division of Health Service Regulation