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: B. WING MHL0601393 08/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 616 PECANWOOD ROAD MONTEITH JOHNSON HOME CHARLOTTE, NC 28214 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 8/7/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living V 118 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 (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 DHSR - Mental Health unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. AUG 3 0 2019 (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept Lic. & Cert. Section 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

Malaika Brathwaite

Director

(X6) DATE

If continuation sheet 1 of 2

PRINTED: 08/11/2019 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: B. WING MHL0601393 08/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 616 PECANWOOD ROAD MONTEITH JOHNSON HOME CHARLOTTE, NC 28214 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 Continued From page 1 V 118 During the monthly site visit, the assigned Qualified Professional will ensure all current medication orders are in the client record at the facility. The assigned Qualified Professional will write the expiration date on all new medication This Rule is not met as evidenced by: orders. The assigned Qualified Professional Based on record review and interview, the facilty will initial and date the medication order to failed to ensure that all medications had a signed signify that they have reviewed the order physician's order, affecting 1 of 3 clients (Client for the month. If a current medication order #1). The findings are: is not available at the time of review, the Observation on 8/7/19 of Client #1's medications assigned Qualified Professional will instruct revealed: the AFL staff to obtain the order within 24 - Lithium Carbonate 300mg, 1 tablet by mouth hours. The assigned Qualified Professional twice daily will document the missing order/s and -Zyprexa 10mg, 1 tablet by mouth twice daily directive to obtain the missing orders via a Training - Trazodone 100mg, 1 tablet by mouth at bedtime note in the client's chart and supervision Completed as needed form signed by the AFL staff. Once 8/27/19 obtained, the AFL staff will provide a copy Review on 8/7/19 of Client #1's MAR revealed: of the order/s to the assigned Qualified - Lithium Carbonate 300mg, 1 tablet by mouth twice daily Professional for chart filing. Status: -Zyprexa 10mg, 1 tablet by mouth twice daily All Qualified Professionals will be trained Ongoing - Trazodone 100mg, 1 tablet by mouth at bedtime on the above procedure by 10/6/19. as needed All AFL staff will follow the medication Training Review on 8/7/19 of Client #1's record revealed: administration training. AFL staff will Completed - No physician's order for Lithium Carbonate obtain and keep a copy of all current 8/27/19 300mg medication orders in the facility. - No physician's order for Zyprexa 10mg Retraining on Medication Administration - No physician's order for Trazodone 100mg Status:

Division of Health Service Regulation

revealed:

book

Interview on 8/7/19 with the AFL Provider

- He did not know why the orders wasn't in the

STATE FORM

10/6/19.

BNJN11

and Human Resources.

If continuation sheet 2 of 2

Ongoing

Malaika Brathwaite 01/04 Director

for all AFL staff will be completed by

Annual Medication Administration training

will continue. Compliance with this training Status: will be monitored by Quality Management Ongoing