

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUPREME LOVE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3001 NASH STREET WILSON, NC 27896</b>
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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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on August 28, 2019. The complaints were unsubstantiated (Intake #NC00153849 and NC00153998). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to keep the MAR current affecting one of three clients (#2). The findings are:</p> <p>Review on 08/27/19 of client #2's record revealed: -33 year old female. -Admission date of 02/27/18. -Diagnoses of Hypertension, Depression, Mild Mental Retardation, Microcytic Anemia and Gastroesophageal reflux disease.</p> <p>Review on 08/27/19 of client #2's Physician order dated 07/10/19 revealed: -Permethrin Topical Lotion 1% Apply topically, once, 1 dose, 1 bottle.</p> <p>Review on 08/27/19 of client #2's July 2019 MAR revealed: -Permethrin Cream 1% had not been transcribed on the MAR and no initials to indicate the medication had been administered.</p> <p>During interview on 08/28/19 client #2 revealed: -She had gone to the doctor because she had scabies. -The doctor prescribed her a cream to use. -She used the cream for approximately 2 weeks.</p> <p>During interview on 08/27/19 the Licensee revealed -Client #2 was taken to the doctor because she</p>	V 118		

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V 118	Continued From page 2  had scabies. -The doctor prescribed a cream for client #2 to use. -The cream was administered for approximately 2 weeks. -Her husband was the staff that usually completed the MAR's and he must of not added the medication to the MAR.	V 118		