

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2019
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NAME OF PROVIDER OR SUPPLIER JANICE INGRAM HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 511 WEST ROCKY RIVER ROAD CHARLOTTE, NC 28213
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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>An annual survey was completed on 9-10-19 Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disability Groups in a Private Residence.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation 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>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and observation the facility failed to administer medications according to the physicians order, effecting one of one client (client #1). the findings are:</p> <p>Review on 9-10-19 of client #1's physicians order's revealed: -Albuterol Inhalation Solution 2.5 mg use every 6 hours PRN for cough and wheezing 2-11-19</p> <p>Review on 9-10-19 of client #1's MAR's for June, July and August 2019 revealed: -Client #1 had no documentation of needing his Albuterol.</p> <p>Observation on 9-10-19 at approximately 4:00 PM revealed: -Bag of Albuterol Inhalation solution filled 7-7-17. -Expiration date on package of 7-2018. -Expiration date on the individual packets 10-2018.</p> <p>Interview on 9-10-19 with the Alternative Living provider revealed: -Client #1 very rarely needed his Albuterol. -He used it once over the Labor Day weekend, but could not remember another time that he needed it. -The nurse for the agency checked the medication. -She would make sure that the medication</p>	V 118		

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V 118	Continued From page 2 was brought up to date. Interview on 9-10-19 with the Qualified Professional revealed: -They would make sure the medication was brought up to date.	V 118		