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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 472 SUNSET MEMORIAL ROAD FOREST CITY, NC 28043 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		3) DATE SURVEY	
MAME OF PROVIDER OR SUPPLIER LADALE HOME 472 SUNSET MEMORIAL ROAD FOREST CITY, NC 28043 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIER OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS An annual survey was completed on September 12, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living in a Private Residence for Adults with Developmental Disabilities. V 118 10A NCAC 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 drugs. (2) Medications, including injections, shall be administered only by licensed 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	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
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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		REQUIREMENTS (c) Medication admini (1) Prescription or no only be administered order of a person auti drugs. (2) Medications shall clients only when auti client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests for	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be or after administration. The efollowing: Ind quantity of the drug; drug is administered; and f person administering the or medication changes or					

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

TITLE (X6) DATE

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL081-054		B. WING		09/12/2019		
'			DRESS, CITY, STA	TE ZIP CODE	, , ,	
			ET MEMORIAL			
LADALE I	HOME	FOREST (CITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	:1	V 118			
	with a physician.					
	failed to keep current (Client #3). The findin Review on 9/11/19 of -An admission of 6/1/included Severe Intell Disability (IDD), Cerebral Palsy, and S-8/13/18, physician-or (Benadryl) 25 milligra treat allergies and col -11/20/18, physician-or (Lamictal) 100 mg twi (Topamax) 100 mg twand treatment of seizu -6/4/19, physician-ord mg at bedtime to treat disorders; -7/27/19, physician-ord 10 mg at bedtime to the Review on 9/12/19 of revealed: -The lamotrigine, topin paroxetine were blank dose; -The diphenhydraminthe 3:00 pm and 8:00	ew and interview, the facility the MAR for 1 of 3 clients gs are: Client #3's record revealed: 06 and diagnoses that ectual Developmental Geizure Disorder; dered diphenhydramine ms (mg) 3 times daily to d symptoms; ordered lamotrigine ce daily and topiramate ice daily for the prevention ures; ered paroxetine (Paxil) 10 t depression and anxiety dered paroxetine (Singulair) reat allergies. Client #3's July 2019 MAR Framate, paroxetine, and con 7/31/19 at the 8:00 pm The was blank on 7/31/19 for pm doses; tentation on the MAR that				

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Interview on 9/12/19 with the Qualified

STATE FORM 6899 7YR811 If continuation sheet 2 of 3

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION		SURVEY PLETED
		MHL081-054	B. WING		09	/12/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT			
LADALE I	НОМЕ		SET MEMORIAL F CITY, NC 28043	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Professional (QP) rev-She understood the initializing Client #3's #3 was given her me 8:00 dosage times; -The QP was responsional MARs; -She missed there was	vealed: AFL provider missed MAR on 7/31/19 after Client dications at the 3:00 and sible for reviewing the client	V 118			

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