Division of Health Service Regulation

A. BUILDING: MHL040-015 MHL040-015 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 WEST GREENE STREET SNOW HILL, NC 28580 [X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION] V 000 INITIAL COMMENTS A. BUILDING: B. WING DPOVIDERS TATE, ZIP CODE 306 WEST GREENE STREET SNOW HILL, NC 28580 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B PREFIX TAG) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint and follow up survey was completed on September 24, 2019. The complaint was unsubstantiated. (intake #NC00155658). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.	(X3) DATE SURVEY COMPLETED										
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 WEST GREENE STREET SNOW HILL, NC 28580 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint and follow up survey was completed on September 24, 2019. The complaint was unsubstantiated. (intake #NC00155658). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised											
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EDWARDS GROUP HOME 306 WEST GREENE STREET SNOW HILL, NC 28580 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint and follow up survey was completed on September 24, 2019. The complaint was unsubstantiated. (intake #NC00155658). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised	09/24/2019										
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V 118 27G .0209 (C) Medication Requirements 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											
(C) instructions for administering the drug;											

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL040-015				R-C)/24/2019			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE					
EDWARI	EDWARDS GROUP HOME 306 WEST GREENE STREET SNOW HILL, NC 28580								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE			
V 118	Continued From pa file followed up by a with a physician.	ge 1 appointment or consultation	V 118						
	failed to keep the M medications admini client's MAR immed	et as evidenced by: view and interviews the facility IARs current and to ensure stered were recorded on the diately after administration ited clients (#1). The findings							
	- 71 year old male a - Diagnoses include bipolar type, and br - Physician's order, Levetiracetam(anti- tablets twice daily.	ed Schizoaffective Disorder, adycardia. signed 7/25/19 for convulsant) 250 milligrams, 2 an's order to discontinue							
	and August 2019 re transcription for Lev tablets twice daily, a	vetiracetam 250 milligrams 2 at 8:00 am and 8:00 pm. Staff medication was administered							
	September 2019 re transcription for Lev tablets twice daily. am documented on signify the medicatidaily at 8:00 am. T	of client #1's MAR for vealed pre-printed vetiracetam 250 milligrams 2 An administration time of 8:00 the MAR, with staff initials to on had been administered he administration time of 8:00 on the September MAR and							

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STATE FORM SQY111 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED				
MHL040-015		B. WING			R-C 09/24/2019					
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
EDWARDS GROUP HOME 306 WEST GREENE STREET SNOW HILL, NC 28580										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE				
V 118	Continued From pa	ge 2	V 118							
	was not documente	ed.								
	administered his me	9/17/19 client #1 stated staff edications daily and he had dications. He saw his doctor								
		9/17/19 staff #1 stated client ere administered daily as sician.								
	During interview on 9/24/19 the Qualified Professional stated client #1 took his medications daily as ordered. His Levetiracetam was administered twice daily, the pill count was correct and supported that he received the medication twice daily. The second administration time of 8:00 pm was not printed on the MAR.									
	medication adminis	accurately document tration it could not be s received their medications hysician.								
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.								

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Division of Health Service Regulation STATE FORM

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