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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MUI 076 022	B. WING		00/2	7/2040	
		MHL076-033	D: 11110		09/2	7/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ASHEBORO SCHOOL ROAD 2046 NORTH ASHEBORO SCHOOL ROAD ASHEBORO, NC 27203							
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	E ACTION SHOULD BE TO THE APPROPRIATE		
V 000	INITIAL COMMENTS		V 000				
	on September 27, 2 substantiated but di cited deficiencies (il deficiency was cited) This facility is licens category:	sed for the following service					
V 118	8 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,		V 118				
	pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time the	legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2 7.2 1.7 0.7 00.1 1.2 0.7 0.1			A. BUILDING:				
MHL076-033		B. WING		09/2	09/27/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ASHEBORO SCHOOL ROAD 2046 NORT ASHEBOR				DRO SCHOOL ROAD 03			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	HOULD BE COMPLETE		
V 118	(5) Client requests checks shall be rec	ige 1 for medication changes or corded and kept with the MAR appointment or consultation	V 118				
	management failed were administered	et as evidenced by: and record review, the facility to assure that medications as ordered by a Physician ited clients (Client #1). The					
	the following inform 25 year old fema Admitted to the fa Diagnoses includ Mellitus Type II, Hy Rhinitis A Physician's ord dated 8/16/17 as fo "[Client #1] is to tak (Insulin) with her m carbohydrate PLUS her before meal blo 150mg/dL: Blood sugar 150 - 2 201 - 250 = 2 extra 251 - 300 = 3 extra 301 - 350 = 4 extra	le. acility on 5/19/17. le Down Syndrome, Diabetes pothyroidism and Allergic er for Sliding Scale Insulin allows: le subcutaneous Novolog leals 1 unit per 7 grams of least the following sliding scale if lead sugar is greater than $200 = 1 \text{ extra unit of Novolog units of Novolog}$					
	a blood sugar readi	of Client #1's record revealed ing log which included the by, the blood sugar reading and insulin were administered.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL076-033	B. WING		09/2	7/2019		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ASHEBO	ASHEBORO SCHOOL ROAD 2046 NORTH ASHEBORO SCHOOL ROAD ASHEBORO, NC 27203							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 118	Continued From pa	ge 2	V 118					
	revealed no docum grams of carbohydreach meal. Interview on 9/25/19 Leader in charge of revealed the followi Client #1 has had Insulin regimen in properties of carbohydrates are prepared and server They then base the administered on the There was not an amount of carbohydrates consideremined if Client	If the above sliding scale blace for several years. taff calculate how many grams re in the meals that are						

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