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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	
		MHL049-144	B. WING		10/18/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT			
THE THRE	EATT'S HOME		SVILLE, NC 2811			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET	ſΕ
V 000	INITIAL COMMENTS		V 000			
	Deficiencies were cite This facility is licensed	d for the following service				
		27G .5600F Alternative ted Family Living (AFL).				
V 118	27G .0209 (C) Medica	ation 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 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 administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation					

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

TITLE (X6) DATE

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AND PLAN OF CORRECTION		is a visit of the control of the con	A. BUILDING: _				
	MHL049-144		B. WING	B. WING		10/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
THE THRE	EATT'S HOME		BLING BROOK F SVILLE, NC 2811				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLETE DATE	
V 118	Continued From page	e 1	V 118				
	facility failed to ensur were recorded on ear after administration a (client #1). The findin Review on 10/17/19 or revealed: -An admission date or -Diagnoses included Developmental Disability Hypothyroidism and Inspection of the physician's orders so (used to treat depress capsule daily, Cetirizing treat allergies) 10 mil Synthroid (used to treat micrograms, 1 tablet)	ews and interviews the e medications administered ch client's MAR immediately ffecting 1 of 1 audited clients ngs are: of client #1's record of 5/23/19; severe Intellectual fility, Downs Syndrome, Hyperlipidemia; igned 7/24/19 for Fluoxetine sion) 40 milligrams, 1 ine Hydrochloride (used to ligrams, 1 tablet daily and eat hypothyroidism) 112 daily.					
	MARs for October 20 -Fluoxetine, Cetirizine Synthroid were sched						
	9:00 am; -No documentation o Fluoxetine, Cetirizine Synthroid on 10/17/19	Hydrochloride and					
	-She had administere Hydrochloride and Sy am; -She had always doc	with the Provider revealed: d Fluoxetine, Cetirizine nthroid to client #1 at 9:00 umented all medications out the day in the evening					

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		MHL049-144	B. WING		10	/18/2019	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT				
THE THREATT'S HOME 111 BABBLING BROOK ROAD MOORESVILLE, NC 28117							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	regardless of when the administered; -She was not aware to that MARs were to be after administration of Interview on 10/17/19 Professional revealed. He was aware that Mocumented immediations; -The Provider had att Administration training immediately documented medications. Due to the failure to a medication administration.	hat there was a requirement a documented immediately f medications. with the Qualified I: IARs were to be tely after administration of ended Medication g and was informed to be to MARs after administration of the MARs after administration accurately document attornity could not be the received his medications	V 118				

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