TAG     REGULATORY OR LISC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY       V 000     INITIAL COMMENTS     V 000       An Annual Survey was completed on 10/02/19. A deficiency was cited.     V 000       This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.     V 118       V 118     27G.0209 (C) Medication Requirements     V 118       10A NCAC 27G.0209 MEDICATION REQUIREMENTS     V 118       (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.     V 118       (2) Medications shall be self-administered by clients only when authorized in writing by the clients only when authorized in writing by the administered to a client must be kept current. Medication Administration. Record (MAR) of all drugs administration releating the drug; (C) Instructions for administration. The MAR is to include the following: (A) client range: (B) name, strength, and quantity of the drug; (C) Instructions for administered; and (E) name or initials of person administering the drug.       (1) Olde and time the drug is administering the drug.       (2) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-424		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED	
BELIMPURST RIDGE COURT MOME         MADE INFORCE OUR TRALEIGH, NC 27615           (24) ID PREFIX         SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL)         ID PREFIX         PROVIDENS FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE         COMMENTS         V 000           V 000         INITIAL COMMENTS         V 000         An Annual Survey was completed on 10/02/19. A deficiency was cited.         V 000         An Annual Survey was completed on 10/02/19. A deficiency was cited.         V 118         V 118           V 118         ZZG 0.209 (C) Medication Requirements         V 118         V 118         IOA NCAC 27G .0209 MEDICATION REQUIREMENTS         V 118           (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.         V 118         V 118           (2) Medications shall be self-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 on by by licensed persons on by unicensed persons authorized by law to prescribe drugs.         (3) Medications, including injections, shall be ecorded immediately after administration. The MAR is to include the following: (4) Almedication Administration Record (MAR) of all drugs administered to each client must be kept current. Medication for administering the drug; (2) instructions for administering the drug; (3) Client requests for medication changes or ch					10/	02/2019	
ELMINUST RIDGE COURT HOME     RALEIGH, NC 27616       (M) ID TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY NUST BE PREVENDED BY FLUL RESOLUTION OR LSC IDENTIFYING INFORMATION)     ID PREVEN TAG     IP REVENDENTS PLAN OF CORRECTING STORMATION (EACH DEFICIENCY NUST BE PREVENDED BY FLUL RESOLUTION OR LSC IDENTIFYING INFORMATION)     IP PREVENT TAG     IP REVENDENTS     (09) (CASS REFERENCE OUR PLAN DEFICIENCY)     (09) REACH CORRECTING STOLD BE CROSS REFERENCE OUR PLAN DEFICIENCY)     (09) REACH CORRECTING STOLD BE CROSS REFERENCE OUR PLAN DEFICIENCY)     (09) REACH CORRECTING STOLD BE REACH CORRECTING STOLD BE REACH CORRECTING STOLD BE REACH CORRECTING STOLD BE REACH CORRECTING AND THE PLAN DEFICIENCY)     (00) REACH CORRECTING STOLD BE REACH CORRECTING STOLD BE REACH CORRECTING AND THE PLAN DEFICIENCY)     (00) REACH CORRECTING STOLD BE REACH CORRECTING CORRECTING STOLD BE REACH CORRECTING AND THE PLAN DEFICIENCY)     (00) REACH CORRECTING STOLD BE REACH CORRECTING AND THE PLAN DEFICIENCY)     (00) REACH CORRECTING REACH CORRE	NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
KALEICH, KC 27616           KALEICH, KC 27616           CALL DEFICIENCY           CALL DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LSC IDENTIFYING INFORMATION)         PREFIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH ODER'S PLAN OF CORRECTION DEFICIENCY)         COMMENTS           V 000         INITIAL COMMENTS         V 000         INITIAL COMMENTS         V 000           An Annual Survey was completed on 10/02/19. A deficiency was cited.         V 000         This facility is licensed for the following service category: 10A NCAC 27G .5000 C Supervised Living for Adults with Developmental Disabilities.         V 118           V 118         27G .0209 (C) Medication Requirements         V 118           10A NCAC 27G .0209 MEDICATION REQUIREMENTS         V 118           (c) Medication administration: (c) Medication administration: (d) Prescription or non-prescription drugs shall only be administred 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 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 acclient must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following;         (A) client's name;           (B) Rame, strength, and quantity of the drug;         (C) Instructions for administering the drug.         (C) Client requests for medic			4800 ELM	HURST RIDG	E COURT		
Přičív TAG       IEACH DEFICIENCY MUST BE PRECEBED BY FULL       PRČÍV TAG       IEACH CORRECTIVA CTION SHOULD BE       CROSS-REFERENCED TO THE APPROPRIATE       DOMAI         V 000       INITIAL COMMENTS       V 000       INITIAL COMMENTS       V 000         An Annual Survey was completed on 10/02/19. A deficiency was cited.       V 000       INITIAL COMMENTS       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.       V 118       10A NCAC 27G .0209 MEDICATION REGUIREMENTS       V 118         10A NCAC 27G .0209 MEDICATION REGUIREMENTS       V 118       10A NCAC 27G .0209 MEDICATION REGUIREMENTS       V 118         (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 clients only when authorized by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer durisctions.       (4) A Medication Administration Record (MAR) of all drugs administered to eactions medications administered shall be recorded immediately after administering the drug;       (2) Nedications for administered shall be recorded immediately after administering the drug;       (3) Client requests for medication changes or checks shall be percorded and kept with the MAR file followed up by appointment or consultation	ELMHUR	ST RIDGE COURT H	OME RALEIGH	I, NC 27616			
An Annual Survey was completed on 10/02/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 118 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, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medications administered shall be recorded immediately after administering the drug; (b) clients administered to each client must be kept current. Medications administered shall be recorded immediately after administered; and (E) name; (B) name, strength, and quantity of the drug; (C) instructions for administering th	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE
deficiency was cited.         This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.         V 118       27G.0209 (C) Medication Requirements       V 118         10A NCAC 27G.0209 MEDICATION REQUIREMENTS       V 118         10A NCAC 27G.0209 MEDICATION REQUIREMENTS       V 118         (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 Medications Administeries thall 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) ident's name;       (6) Client requests for medication changes or checks shall be recorded administering the drug.         (b) client's physician.       (5) Client requests for medication changes or checks shall be recorded administering the drug.	V 000	INITIAL COMMEN	ſS	V 000			
category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.       V 118         V 118       27G .0209 (C) Medication Requirements       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS       V 118         (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 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;         (C) instructions for administering the drug;       (C) instructions for administering the drug;       (C) instructions for administering the drug;         (d) C client's name;       (B) name, strength, and quantity of the drug;       (C) instructions for administering the drug;         (f) C lient requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation							
<ul> <li>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</li> <li>(c) Medication administration:</li> <li>(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.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</li> <li>(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.</li> <li>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administering the drug;</li> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administering the drug.</li> <li>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</li> </ul>		category: 10A NCAC 27G .5600C Supervised					
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; (C) instructions for administering the drug; (C) intructions for administering the drug; (C) client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118	27G .0209 (C) Med	lication Requirements	V 118			
with a physician		<ul> <li>(c) Medication adm</li> <li>(1) Prescription or r</li> <li>only be administered</li> <li>order of a person a</li> <li>drugs.</li> <li>(2) Medications shadeling</li> <li>clients only when a</li> <li>client's physician.</li> <li>(3) Medications, indexed persons</li> <li>pharmacist or other</li> <li>privileged to prepare</li> <li>(4) A Medication Action</li> <li>all drugs administered</li> <li>current. Medication</li> <li>recorded immediate</li> <li>MAR is to include to</li> <li>(A) client's name;</li> <li>(B) name, strength</li> <li>(C) instructions for</li> <li>(D) date and time to</li> <li>(E) name or initials</li> <li>drug.</li> <li>(5) Client requests</li> <li>checks shall be recorded</li> </ul>	non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR				

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## PRINTED: 11/03/2019 FORM APPROVED

Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
		MHL092-424	B. WING		10/	10/02/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ELMHUR	RST RIDGE COURT H	OME	MHURST RIDG H, NC 27616	E COURT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ige 1	V 118				
	interview, the facilit	et as evidenced by: ion, record review and y failed to administer scribed by the physician. The					
	revealed: -Admitted: prior to 2 -Diagnoses which i Developmental Dis (Gastroesphegeal I Irritable Bowel Synd -FL-2 dated listed take one tablet dail	ncluded Mild Intellectual ability, GERD Reflux Disease), Hypertension drome 09/19/19 listed Prilosec 20 mg ky 019 MAR listed Prilosec 20 mg					
	Observation on 10/ medications Prilose B. Review on 10/02 revealed: -Admitted: prior to 2 -Diagnoses which i Developmental Dis -FL-2 dated 09/19/ <sup>7</sup> 200 mg take one ta Rheumatoid Arthriti -August-October 20	02/19 at 3:00 PM of client #3's ec 20 mg take two tablets daily 2/19 of client #2's record 2005 ncluded Mild Intellectual ability, Autism and Lupus 19 listed Hydroxychloroquine ablet daily (used to treat is)					
	Observation on 10/	02/19 at 3:15 PM of client #2's xychloroquine 200 mg take two					

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## PRINTED: 11/03/2019 FORM APPROVED

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE COM	E SURVEY PLETED	
			A. BUILDING:			
		MHL092-424	B. WING		10/02/2019	
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MHURS			MHURST RIDG	E COURT		
		RALEIG	H, NC 27616			
X4) ID REFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
V 118	Continued From pa	ige 2	V 118			
	reported: -She completed the the physician signe appointment. -Prior to this intervie	a 10/02/19, the Licensee e information on the FL-2 and d the form at the medical ew, she was not aware of the bed orders for Prilosec and e.				

D4BT11