STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007054	A. BUILDING: _____ B. WING _____	R 11/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODED ACRES #2	3644 CHERRY ROAD WASHINGTON, NC 27889

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on November 12, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop a treatment plan within 30 days of admission for one of three audited clients (#6). The findings are: Review on 11/08/19 of client #6's record revealed: - 46 year old female. - Admission date of 09/25/19. - Diagnoses of Mild Intellectual Developmental Disability, Paranoid Schizophrenia, Renal Insufficiency, Hypothyroidism and Diabetes Mellitus. - No treatment plan. Review on 11/08/19 of a pre-admission screening for client #6 dated 09/11/19 revealed: - Plan: Medication Management, Appointments and Safe Living Environment. Interview on 11/08/19 client #6 stated: - She was recently admitted to the facility. - She had not been taking her medication correctly while living at home. Interview on 11/08/19 the Administrator stated: - Client #6 was recently admitted to the facility. - The facility was in the process of creating a treatment plan for client #6. - She understood a treatment plan was required to be developed within 30 days of admission to the facility.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 2 (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 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician affecting one of three audited clients (#2). The findings are: Review on 11/06/19 of client #2's record revealed:	V 118		

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V 118	Continued From page 3 - 66 year old female. - Admission date of 07/29/16. - Diagnoses of Major Depression, Mild Intellectual Developmental Disability, Parkinson's Disease, Edema, Restless Leg Syndrome and Anxiety Disorder. Review on 11/06/19 of client #2's signed physician order dated 09/16/19 revealed: - Forteo (treats Osteoporosis) pen - give 0.08 milliliters everyday. Review on 11/06/19 of client #2's October 2019 thru November 2019 MArs revealed: - No transcribed entry for Forteo. - No staff initials to indicate Forteo was administered as ordered. Interview on 11/08/19 client #2 stated she received her medication as ordered. Interview on 11/06/19 and 11/12/19 the Administrator stated: - Client #2's Forteo had been discontinued. - She was unable to locate a discontinue order for client #2's Forteo. - She would follow up with client #2's physician regarding the order for Forteo. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		