STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		· · ·			(X3) DATE SURVEY COMPLETED	
		MHL075-029	B. WING		11	/15/2019
ame of Pf	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
UMMING	BIRD HOME		EST LANE NC 28782			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 11/15/19. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	<ul> <li>only be administered order of a person auti drugs.</li> <li>(2) Medications shall clients only when auti client's physician.</li> <li>(3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare</li> <li>(4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name;</li> <li>(B) name, strength, a</li> <li>(C) instructions for act (D) date and time the (E) name or initials of drug.</li> <li>(5) Client requests for checks shall be record</li> </ul>	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug;				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-029			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		11/15/2019			
AME OF PF				DRESS, CITY, STATE, ZIP CODE			
		64 FOR	EST LANE				
UMMING	BIRD HOME	TRYON,	NC 28782				
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V 118	Continued From page	e 1	V 118				
	with a physician.						
	review the facility faile current and ensure p administered as orde 2 audited clients (#1, Observation of the m 8:30am for Client #1 -Lamotrigine 200mg 2 -Altensio 30 mg 1 cap -Risperidone 1mg 1 t the evening. -Risperidone 0.5mg 1 -Oxcarbazepine 600 and ½ tablet in the even -Methylphenidate 200 -Sertraline 100mg 1.5	n, interview, and record ed to maintain the MAR rescription drugs were were by the physician for 2 of #2). The findings are: edications on 11/15/19 at revealed: 2 tabs every morning. p every morning. ablet in the morning and 1 in 1 tablet each morning. mg 1 tablet in the morning vening. mg 1 tablet every evening. 5 tablet at 2pm.					
	8:55am for Client #2 -Trazadone 50mg 1 t -Risperidone 1mg ev -Probiotics 20 billion	ablet at 6:30pm. ery morning. 1 every morning. prays each nostril every blet every morning.					
	-Concerta 36mg 1 tal -Risperidone 0.25mg Review on 11/14/19 for Client #1 revealed -Admission date of 6/	2 tablets at bedtime. and 11/15/19 of the record d:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL075-029		B. WING		11	11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	BIRD HOME	64 FORE	ST LANE				
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V 118	Continued From page	2	V 118				
	Attention Deficit Hyperactivity Disorder-combined presentation, Cognitive Disorder, Mood Disorder, Moderate Intellectual Developmental Disability, Seizure Disorder and Bipolar Disorder. -Physician orders for Lamotrigine 200mg 2 tabs every morning, 4/10/19, Altensio 30 mg 1 cap every morning, 6/15/19, Risperidone 1mg 1 tablet in the morning and 1 in the evening, 4/10/19, Risperidone 0.5mg 1 tablet each morning, 4/10/19, Oxcarbazepine 600 mg 1 tablet in the morning and ½ tablet in the evening4/10/19, Methylphenidate 20mg 1 tablet every evening, 6/15/19, and Sertraline 100mg 1.5 tablet at 2pm, 4/25/19. Review on 11/14/19 and 11/15/19 of the record for Client #2 revealed: -Admission date of 1/31/14 with diagnoses of Severe Intellectual Developmental Disability, Disruptive Behavior Disorder and Downs						
	6:30pm, 4/4/19, Rispe morning, 4/4/19, Prob morning, 9/27/17, Na nostril every morning tablet every morning, tablet every morning tablet every morning,	iotics 20 billion 1 every sonex 50mcg 2 sprays each 9/27/17, Certizine 10mg 1 9/27/17, Famotidine 40mg 1 7/3/19, Concerta 36mg 1 4/4/19, and Risperidone					
	2019-November 2019 -No documentation of evening administratio -No documentation of Risperidone, Oxcarba administration.	of the MARS for September ) for Client #1 revealed: f Risperidone  9/30/19					

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/15/2019	
	MHL075-029					
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
	BIRD HOME	64 FORE	EST LANE			
		TRYON,	NC 28782			
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V 118	Continued From page	3	V 118			
	-No documentation of the Risperidone, Oxcarbazepine, Methylphenidate evening dose.					
	2019-November 2019 -No documentation of 11/14/19 evening/bed -No documentation of Certizine, Famotidine morning administratio -The Nasonex was la MAR and was not doo exception of 9/21/19-1 Interview on 11/15/19 Living provider reveal -She administered the evening and this morn -The Nasonex spray l	F Probiotic, Nasonex , Risperidone and Concerta on. beled as needed on the cumented as daily with the 9/29/19. with the Alternative Family ed: e medications yesterday				
	order to change from the last physician not -She would obtain an Nasonex spray to as -The MARS had not b	daily to as needed was on e from 3/29/19. order to change the				
	the previous months. -She had neglected to this morning and yest	o document the medications rerday evening.				
	Regional Director rev -He did monthly or qu -During his visits to th were reviewed. -The provider had not previous months and	arterly reviews of the facility. home the medications turned in the MARS for the he was not aware of the				
	Current documentatio Due to the failure to a medication administra alth Service Regulation	ccurately document				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
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AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
UMMING	BIRD HOME		EST LANE NC 28782			
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V 118	Continued From page	e 4	V 118			
	determined if clients as ordered by the phy	received their medications ysician.				