	of Health Service Re					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/26/2019	
		MHL023-212				
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
OVERTO			EVELAND AVE	INUE		
		GROVER	R, NC 28073			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE	
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey was completed on 11/26/19. A deficiency was cited.					
	category: 10A NCAC 27G .56	sed for the following service 00F Supervised Living for sability Groups/Alternative				
V 118	27G .0209 (C) Medication Requirements		V 118			
	only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, inc administered only b unlicensed persons 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	inistration: 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 trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				
	 (E) name or initials drug. (5) Client requests checks shall be rec 	for medication changes or orded and kept with the MAR				
	ealth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL023-212	B. WING	B. WING		11/26/2019	
NAME OF F				TATE, ZIP CODE		11/20/2013	
OVERTO	N HOME		EVELAND AVE	NUE			
			R, NC 28073				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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	(X5) COMPLET DATE	
V 118	Continued From page 1		V 118				
	file followed up by appointment or consultation with a physician.						
	This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 2 of 2 clients (Clients #1, #2). The findings are:						
	-Admission date of Profound Intellectua Syndrome and Epile Review on 11/22/19 November 2019 rev Fluoxetine 10mg (ordered 5/8/19. Ezetimibe 10mg (ordered 6/10/19. Atorvastatin 80mg ordered 4/4/19. Fluticasone Prop each nostril twice d Oxcarbazepine 60 ordered 12/11/18. Trazadone 100mg	of MARs for September -					
	in September (30 d No MAR was availa of 6 different medic	able for October 2019 (30 days ations).					
histor - f.t.	-Admission date of	1/22/19 for Client #2 revealed: 4/1/18 with diagnosis of Mild y, Autism and Epilepsy.					

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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		
			A. BUILDING.			
		MHL023-212	B. WING		11/2	26/2019
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
OVERTO	N HOME		EVELAND AVE R, NC 28073	NUE		
(X4) ID		TEMENT OF DEFICIENCIES	ENCIES ID PR		CORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From page 2		V 118			
	November 2019 rev Fluticasone Prop each nostril once da Fluticasone was no all in September (30 Due to the failure to medication adminis determined if clients as ordered by the p Interview on 11/22/- -She was responsit -She did not realize September MARs of -She was certain th medications. Interview on 11/26/- (QP) revealed: -Recently began as of incomplete and u -The previous QP s MARs but she was	50mcg (allergies) 2 spray aily ordered 3/3/18. t initialed as administered at 0 days). o accurately document stration it could not be s received their medications ohysician. 19 with Staff #1 revealed: ole for passing medications. e she had not marked the completely for both clients. rev received their ordered 19 with Qualified Professional s QP and was cleaning up a lot unfiled documents, should have had the October				

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