Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL012-142 B. WING 12/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5741 FISH HATCHERY ROAD LAKE JAMES ALTERNATIVE FAMILY LIVING MORGANTON, NC 28655 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 12-9-19. Deficiencies were 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) 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 druas. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be DHSR - Mental Health administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and JAN 1 0 2020 privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept Lic. & Cert. Section 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 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM

(X6) DATE

Division o	of Health Service Re	egulation		CONSTRUCTION	(X3) DATE	SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMP	ETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		F	
			B. WING			9/2019
		MHL012-142			1 12/0	
	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
		5741 F	ISH HATCHERY	ROAD		
LAKE JA	MES ALTERNATIVE	FAMILY LIVING MORG	ANTON, NC 286	555		
	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	TION ULD BE	(X5) COMPLETE
(X4) ID PREFIX	TACH DEFICIENCY	V MILIST RE PRECEDED BY FULL	PREFIX TAG	CROSS-REFERENCED TO THE APPL	ROPRIATE	DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	1,10	DEFICIENCY)		
			V 118			
V 118	Continued From pa	age 1	V 110			
	with a physician.					
	, ,					
	This Rule is not m	net as evidenced by:				
	Based on record r	eviews and interviews the				
	facility failed to en	sure MAR's were kept currer	nt			
	for 1 of 3 clients (Client #3). The findings are:				
y.		121d on 12 0 10 reveal	ed.			
	Review of Client	#3's record on 12-9-19 reveal	cu.			
	-Date of admissio	erline Intellectual Functioning	a,			
	Language Disorde	er, Schizoaffective Disorder,				
	Chronic Kidney di	sease, Hyperlipidemia and				
	Hypothyroidism:					
	Physician's order	rs for the following medication	ns:			
	-lamotrigine 1	100 milligram (mg) 1 tablet by	ride			
	mouth each even	ing and fluoxetine hydrochlor by mouth daily dated 2-1-19;	ide			
	20 mg 1 capsule	20 mg 1 capsule by mouth d	aily			
	dated 3-28-19;	20 mg / oapome my				
	-huspirone h	ydrochloride 5 mg 1 tablet by				
	mouth three time	s daily as needed for anxiety				
	dated 7-19-19					
		mg 1 tablet by mouth daily da	atou			
	8-22-19;	30 mg 1 tablet by mouth at				
	hadtime and diva	alproex sodium extended rele	ease			
	500 mg 1 tablet l	by each morning and 2 lablet	s by			
	mouth each ever	ning dated 10-8-19;				
	Physician's orde	er allowing client to				
	colf administer h	is medications dated 2-1-19,	m			
	-No MAR was or	n file in the client's record from				
	the date of admi	ssion.				
	Intoniou with C	lient #3 on 12-9-19 revealed:				
	He self-adminis	stered his medications;				
	-Staff #1 ensure	d he was compliant with takin	ng			

Division of Health Service Regulation STATE FORM

G8Q011

PRINTED: 12/30/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL012-142 B. WING 12/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5741 FISH HATCHERY ROAD** LAKE JAMES ALTERNATIVE FAMILY LIVING MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) on 12.11.19, ap composed V 118 Continued From page 2 V 118 MAR'S for olient #3 with his medications as prescribed. current nudications. Interview with Staff #1 on 12-6-19 revealed: On 12.11.19 QD met @+Le AFL; -Client #3 did not have a MAR: Client #3, Dresenting the MAR'S OP explained to client#3 -She was told by the Qualified Professional (QP) that Client #3 did not require a MAR since he had an order to self-administer his medications. the reasoning for putting MAR'S Interview with the QP on 12-9-19 revealed: in place; that he should -She was unaware that a MAR was needed for provide his hard-writer name clients who self-administered their medications; -A MAR would be prepared this week for Client monthly before submitting to Office for filing Client # 3 -The use of the MAR for Client #3 would be agreed to leguest. implemented immediately. Attached is copy of th This deficiency constitutes a re-cited deficiency MARS along with the and must be corrected within 30 days. addedoe's order for al to Aelf-Administer his medications. This order be updated yearly i Client recor Also is Attached the Dupler note for 121119, indicating the MAR'S were presented or this date. Op will monitor the AFL is MAR's monthy.

Month/Year:	
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Community Companion Home Care, LLC. Medication Administration Record

Name	Ir	itials	A. B. C. D.	P	RN Med	son i licati	or re	tusal / Reaso	om n a	ox when hission iven an ome visi	on ba	ck of	form.		ed on	back	of fo	rm.		795.1				Nam	e					Initia	als
Medication	Hour	1	2	3	4	5	6	7 8		9 10	11	12	13	14	15	1 40	147	100	1 40		1 7		,	,							
Omeprazole 20 mg DR CAP															15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1 cap PO once daily						7						198								3											
Lamotrigine 100 mg 1 tab PO each morning											ľ	Men	ıbe	r Se	elf /	Adr	nin	iste	rs												
													All	M	edi	cati	ons													7 1	
Divalproex SOD ER 500 mg TA																															
1 tab PO each morning & 2 tabs each evening																															
Fluoxetine HCL 20 mg																									-						
Take 1 cap PO once daily				-																											
						3						225											-								
Lamotrigine 100 mg 1 tab PO each evening																															
																													-		

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Medication & Dosage Reason Results Time Noted Initials Continue of the cont		Name	Initials	Condition Condition Condition Condition Condition If condition	PRN Result Instructions Improved I not Improved (Please contact QP) I worsened (Contact QP) In becomes critical, please contact 911 and QP	Name	Initials
	Data I	Time Given	Medication & Do			Time Noted	Initials
	Date	Illie Given	Wicaloution & D	ou.go			

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Month/Year:	

Community Companion Home Care, LLC. Medication Administration Record

1 tab PO 3X's as needed for	3	4 5	6	7	8	9	10	11 1:	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
Divalproex SOD ER 500 mg MG TA 1tab Aripiprazole 30 mg 1 tab PO @ bedtime Buspirone HCL 5 mg 1 tab PO 3X's as needed for												198						5.00								30
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PRN with food	34										_															
			70.5		Mite																					

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	Name	Initials			PRN Result Instructions	Na	me	Initials
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			4)	If condi	tion becomes critical, please contact 911 and QP			lutata la
Date	Time Given	Medication & De	osage		Reason	Results	Time Noted	Initials
		-						



Month/Year:	

Community Companion Home Care, LLC. Medication Administration Record

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Medication	Hour	1	2	3	4 5	6	7	8	9	10	11	12	13	14	15	16	47	40			1									
Depakote ER 500 mg															13	10	17	18	19	20	21	22	23	24	25	26	27	28	29	30 3
Take 1 tab PO in AM & 2															-											70.46				
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1) Condition Improved 2) Condition not Improved (Please contact QP) 3) Condition worsened (Contact QP) 4) If condition becomes critical, please contact 911 and QP Date Time Given Medication & Dosage Reason Results Ti	Time Noted	Initials
Date Time Given Medication & Dosage Reason Results Ti	Time Noted	Initials
	i	

Community Family Healthcare

219 A Avery Ave Morganton, NC 28655 Alan M. Hicks, DNP, FNP-C Board Certified Nurse Practitioner (AANP)

			Orders
Name:			Age/DOB:
Addres	s:		
Date:_	2/1/19		
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Notes:		e e ⁵	
llan M.	Hicks, DNP, FNP-	·C	
EA: M	H4442074 LI	C#: 5009756	NPI: 1720503972

EMERGENCY / AFTER HOURS LINE: 828-439-4057 or 828-260-4125

219 A Avery Ave Morganton, NC 28655

Fel: (828)391-83264 / Fax: (828)391-1972

Darbheard	Search Emplo Smith, La Demogr	Community Companion Home Care, LLC Supervision Notes		
Notes		Employee First Name Laura Employee Last Name Smith		
Tweesheets	C Add	Date 12/11/2019 Time		
	Suparvieuro	This can	3:45 pm Location Horne	
TA RESIDENTE À SECULO SITURI DE SECULO	S Supervision	Topics	s Discussed	
	Supervision	Tables of season		
	Supervision	Communication	There was the Color of the	
	Supervision	Crisis Prevention and Intervention	Therapeutic Relationships	
The second section is the second section.	Supervision	Confidentiality	Client Rights	
Scheduling	11.3	Person-Centered Thinking	Abuse and Neglect	
	J c	Service Definitions	Philosophy of Services	
		Incident Reporting	Documentation	
		Client Specific Behavioral Issues	Client Specific Medical Issues Diagnoses	
		Client Support Needs	Planning Needs/Progress on Goals	
	C	Positive Behavior Supports	Natural Supports	
		Home/Enviornmental Modifications	Employee Support Needs Training Updates	
	S	Employee Counseling		
		Employee Evaluation	Other	
	c Export			
	And filter	Comments: QP returned to Laura's home this PM to deli- members. Laura turned in her MAR for mem	iver her new licensure & the updated MAR's for 2 of her nber DH for Oct.2019. Laura will provide copy of her fire	
	Gender	inspection once she receives from the inspe	ector.	
	ato fine			
	Date Employ	11-63		
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	Parks Torreign		- TOMBE	
	And the second	21/4/		