

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2020
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NAME OF PROVIDER OR SUPPLIER MYER'S PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 3, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 109	<p>Continued From page 1</p> <p>plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 Qualified Professional (Qualified Professional #1) and 1 of 1 Associate Professional (House Manager/Associate Professional) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 1/2/2020 of the House Manager/Associate Professional's record revealed: -Hired 7/8/2019.</p> <p>Review on 1/2/2020 of the Qualified Professional #1's record revealed: -Hired 2/18/2003.</p> <p>Interview on 1/2/2020 with the House Manager/Associate Professional revealed: -Responsible for the overall running of the facility and the services provided to the clients; -Albuterol and Budesonide were still listed on the November and December, 2019 and January, 2020 medication administration records (MARs) pre-printed from the pharmacy. It was not recorded on the MARs that Albuterol was discontinued and that Budesonide was not available to Client #2; -Did not know why Prednisolone and nasal flush</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>solution were not listed on the MARs for December, 2019 and January, 2020.</p> <ul style="list-style-type: none"> -Could not locate the November, 2019 MAR for Client #3; -Duke's mouthwash was to be given to Client #3 for only 7 days per the verbal instructions of the provider. It was prescribed to treat a sore throat. There was no discontinue order. There was no written documentation that the mouthwash was only to be used for 7 days. The House Manager/Associate Professional attended the appointment. <p>Interview on 1/2/2020 with the Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> -Responsible for coordination of care for all clients and overseeing services provided at the facility; -Could not locate the November, 2019 MAR for Client #3; -There were many issues surrounding the lack of documentation of services being provided; -The House Manager/Associate Professional reviewed the lack of documentation with the staff but there had been minimal improvement; -There were many staffing concerns during the past several months, and have been down some staff and have new staff starting; -Planned a staff meeting on 1/2/2020 to discuss the concerns but the Division of Health Service annual survey conducted discovered many of the concerns regarding documentation; -The staff were complacent so the supervision style in the facility needs to be changed; -Believed all staff were administering all medications to clients as ordered. The basis for this belief is that staff initial the back of blister packs after administering each medication. The blister packs from previous months were discarded and there was no proof of the initials on 	V 109		

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V 109	<p>Continued From page 3</p> <p>previous months' blister packs; -Did not know why the MARs were not kept current for Clients #2 and #3; -Did not know the details of Client #3's use of Duke's mouthwash; -Identified that the issues with documentation at the facility had not been rectified sooner due to additional needs at a sister facility.</p> <p>Interview on 1/2/2020 with the Quality Assurance Manager revealed: -Would increase training, supervision, and supports to House Manager/Associate Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(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;</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain written consent for the treatment plan affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 1/2/2020 of Client #1's record revealed: -Admitted 10/18/1996; -Diagnosed with Intellectual Developmental Disability - Mild, Anxiety Disorder, Epilepsy, Allergic Rhinitis; -Treatment plan dated 10/1/2019 did not include Client #1's Brother/Legal Guardian's signature granting consent for the plan.</p> <p>Interviews on 1/2/2020 with the House Manager/Associate Professional and Qualified Professional #1 revealed: -There was no signature page available for review because Client #1's Brother/Legal Guardian is "not always available;" -Client #1's Brother/Legal Guardian had been at the facility during the holiday season to pick up</p>	V 112		

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V 112	Continued From page 5 Client #1 for visits, but no signature was obtained at those times; -The Qualified Professional understood the need for the treatment plan signature and will ensure it is obtained. Interview on 1/2/2020 with the Quality Assurance Manager revealed: -Would increase training, supervision, and supports to House Manager/Associate Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and were repeated for each	V 114		

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V 114	<p>Continued From page 6</p> <p>shift. The findings are:</p> <p>Review on 1/2/2020 of the facility's Fire and Disaster Drill Log revealed:</p> <ul style="list-style-type: none"> -No 2nd shift fire drill for 2nd Quarter (April - June), 2020; -No 1st and 3rd shift fire drills for 3rd Quarter (July - September), 2020; -No fire drills and no disaster drills for 4th Quarter (October - December), 2020. <p>Interviews on 1/2/2020 with Client #1, #2, and #3 revealed:</p> <ul style="list-style-type: none"> -Practiced fire and disaster drills in the facility; -Exited the facility and met at the mailbox during fire drills; -Went to the bathroom, sat on the floor, and covered their heads during disaster drills; -Could not identify the exact frequency of the drills. <p>Interviews on 1/2/2020 with the House Manager/Associate Professional and the Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> -All drills were completed but there is no documentation regarding the completion of the drills; -Knew the drills were completed because the drill schedule was posted on the calendar; -Had addressed issues with staff regarding the lack of documentation of services provided but there was no improvement; -Will continue to address documentation issues with staff and include supervisory actions as needed. <p>Interview on 1/2/2020 with the Quality Assurance Manager revealed:</p> <ul style="list-style-type: none"> -Would increase training, supervision, and supports to House Manager/Associate 	V 114		

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V 114	Continued From page 7 Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed.	V 114		
V 118	27G .0209 (C) Medication Requirements 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 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.	V 118		

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V 118	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure MARs were kept current affecting 2 of 3 audited clients (Clients #2 and #3) and failed to ensure medications were administered according to the written order of a person authorized by law to prescribe drugs affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) Based on interview and record review, 1 of 1 Qualified Professional (Qualified Professional #1) and 1 of 1 Associate Professional (House Manager/Associate Professional) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Finding #1 Review on 1/2/2020 of Client #2's record revealed: -Admitted 4/1/2005; -Diagnosed with Intellectual Developmental Disability - Mild, Gastroenteritis, Gastroesophageal Reflux Disorder (GERD), Down Syndrome, Hypothyroidism, and Prone to Respiratory Bronchitis and Pneumonia; -Physician's orders dated 2/2/2019 for: -Aripiprazole (antipsychotic) 2milligram (mg) ½ tablet (tab) daily; -Celecoxib (anti-inflammatory) 200mg 1 tab daily; -Levothyroxine (treatment of hypothyroidism) 75microgram (mcg) 1 tab daily; -Omeprazole (treatment of GERD) 40mg 1</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>tab daily;</p> <ul style="list-style-type: none"> -Acetaminophen (pain reliver) 325 mg 1 tab daily; -Donepezil (cognition enhancing medication) 5mg 1 tab daily; -Montelukast (treatment of asthma and allergic rhinitis) 10mg 1 tab daily; -Escitalopram (treatment of anxiety and depression) 10mg 1 tab daily; -Physician's orders dated 5/28/2019 for Albuterol (bronchodilator) 108mcg 2 puffs four times daily as needed for wheezing with a discontinue order on 10/28/19; -Physician's orders dated 10/28/2019 for: <ul style="list-style-type: none"> -Cetirizine (treatment of allergic rhinitis) 10mg 1 tab; -Budesonide (treatment of asthma and respiratory difficulty) 1mg/2milliliter (ml) inhale 1 vial twice daily; -Triamcinolone (treatment of asthma and respiratory difficulty) 55mcg 1 spray per nostril twice daily; -Physician's orders dated 11/14/2019 and 12/18/2019 for Prednisolone (steroid/anti-inflammatory) 10mg oral disintegrating tablet dissolved in 8 ounces saline nasal solution and flush each nare with 4 ounces daily for 2 weeks and then decrease to 4 ounces saline nasal solution and flush each nare with 2 ounces of solution daily; -November, 2019 MAR revealed no documentation of administration of: <ul style="list-style-type: none"> -Aripiprazole for 9 doses; -Celecoxib for 4 doses; -Levothyroxine for 3 doses; -Acetaminophen for 12 doses; -Donepezil for 4 doses; -Escitalopram for 4 doses; -Montelukast for 4 doses; -Cetirizine for 5 doses; 	V 118		

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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Triamcinolone for 18 doses; -December, 2019 MAR did not list treatment with Prednisolone and saline nasal solution; -January, 2020 MAR revealed no documentation of: <ul style="list-style-type: none"> -Aripiprazole for 2 doses; -Acetaminophen for 1 dose. <p>It was documented that Budesonide was administered on 1/1/2020 at 8pm and again on 1/2/2020 at 7am and that Albuterol was administered on 1/1/2020 at 5pm and again at 9pm. The MAR did not list treatment with Prednisolone and saline nasal solution.</p> <p>Interview on 1/2/2020 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Took medicine at the facility but did not know the names of the medications but " ...that is where staff come in ...staff know my medications by the medicine book ...;" -Had a new nasal inhaler; -Could not identify if she ever missed any doses of medications. <p>Interview on 1/2/2020 with the House Manager/Associate Professional revealed:</p> <ul style="list-style-type: none"> -Budesonide was never filled by the pharmacy because of an insurance and financial matter. After discussion with Client #2's physician and legal guardian/family members, it was decided to start Client #2 on a combination of Prednisolone 10mg with a nasal flush solution rather than Budesonide; -Albuterol was discontinued at the end of October, 2019; -Albuterol and Budesonide were still listed on the November and December, 2019 and January, 2020 MARs pre-printed from the pharmacy. It was not recorded on the MARs that Albuterol was discontinued and that Budesonide was not available to Client #2; 	V 118		

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V 118	<p>Continued From page 11</p> <p>-The combination of Prednisolone and nasal flush solution was not started until the end of December, 2019 after the physician and legal guardian/family members agreed upon treatment; -Did not know why Prednisolone and nasal flush solution were not listed on the MARs for December, 2019 and January, 2020.</p> <p>Observation on 1/2/2020 at approximately 12:15pm of Client #2's medications revealed: -There was no Albuterol and no Budesonide in the facility.</p> <p>Finding #2 Review on 1/2/2020 of Client #3's record revealed: -Admitted 12/1/1989; -Diagnosed with Intellectual Developmental Disability - Mild, Hypothyroidism, Bilateral Lens Implant; -Physician's orders dated 2/5/2019 for: -Bupropion (anti-depressant) 300mg 1 tab daily; -Flunisolide (treatment of allergic rhinitis) 0.025% nasal spray 2 sprays per nostril daily; -Levothyroxine (treatment of hypothyroidism) 112 mcg 1 tab daily; -Loratadine (treatment of allergic rhinitis) 10mg 1 tab daily; -Sertraline (anti-depressant) 100mg 1 ½ tabs daily; -Banophen (antihistamine) 25mg as needed; -Ciclopirox Nail Lacquer (treatment of nail fungus) 8% solution to affected areas daily; -Prevident 5000 Booster (fluoride topical) brush teeth before bed thoroughly; -Physician's orders dated 12/12/19 for: -Azithromycin (antibiotic) 250mg 2 tabs day one and 1 tab for four days; -Duke's mouthwash 5ml 4 times per day;</p>	V 118		

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V 118	<p>Continued From page 12</p> <ul style="list-style-type: none"> -There was no November, 2019 MAR available for review; -December, 2019 MAR revealed Duke's mouthwash administered for 7 days starting 12/13/19. <p>Interview on 1/2/2020 with Client #3 revealed:</p> <ul style="list-style-type: none"> -Took medicine while at the facility; -Identified she took "thyroid medicine," nasal spray, and allergy medicine; -Identified she took another medication for which she took 1 and ½ pills but could not identify the name of the medication; -Unable to identify is she ever missed any doses of medication; -"Staff help with medicine." <p>Interview on 1/2/2020 with the House Manager/Associate Professional revealed:</p> <ul style="list-style-type: none"> -Could not locate the November, 2019 MAR for Client #3; -Duke's mouthwash was to be given to Client #3 for only 7 days per the verbal instructions of the provider. It was prescribed to treat a sore throat. There was no discontinue order. There was no written documentation that the mouthwash was only to be used for 7 days. The House Manager/Associate Professional attended the appointment. <p>Interview on 1/2/2020 with the Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> -Could not locate the November, 2019 MAR for Client #3; -There were many issues surrounding the lack of documentation of services being provided; -The House Manager/Associate Professional reviewed the lack of documentation with the staff but there had been minimal improvement; -There were many staffing concerns during the 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2020
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NAME OF PROVIDER OR SUPPLIER MYER'S PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215
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V 118	<p>Continued From page 13</p> <p>past several months, and have been down some staff and have new staff starting;</p> <ul style="list-style-type: none"> -Planned a staff meeting on 1/2/2020 to discuss the concerns but the Division of Health Service annual survey conducted discovered many of the concerns regarding documentation; -The staff were complacent so the supervision style in the facility needs to be changed; -Believed all staff were administering all medications to clients as ordered. The basis for this belief is that staff initial the back of blister packs after administering each medication. The blister packs from previous months were discarded and there was no proof of the initials on previous months' blister packs; -Recently met with the pharmacy regarding updates and corrections to the MARs; -Did not know why the MARs were not kept current for Clients #2 and #3; -Did not know the details of Client #3's use of Duke's mouthwash; -Identified that the issues with documentation at the facility had not been rectified sooner due to additional needs at a sister facility. <p>Interview on 1/2/2020 with the Quality Assurance Manager revealed:</p> <ul style="list-style-type: none"> -Would increase training, supervision, and supports to House Manager/Associate Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 1/3/2020 of the Plan of Protection written by the Program Director dated 1/3/2020</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 14 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? In accordance with UMAR (Licensee) Policies and Procedures, the following steps have been put in place: 1) The Director of Residential Services will provide immediate, direct oversight to the Home Manager and the QP to ensure that all residents receive their medications as prescribed; this will be evidenced by reviewing the MARs weekly, auditing the medication closet, observing administration. 2) The Director of Quality Management & Training will provide oversight to the Home Manager and QP by conducting periodic reviews to ensure proper Medication Administration and Documentation. 3) The Director of Residential Services will provide on-site support to ensure that the Home Manager and QP are making sound decisions, specifically in regards to the Core Competencies. 4) Home Manager and Residential QP will be retrained on ensuring that all medication is in stock, administered, and documented correctly. 5) Home Manager will check the MAR weekly to be sure all medications are administered and documented correctly. 6) Residential QP will check the MAR at least weekly to be sure all medications are administered and documented correctly. 7) Home Manager and Residential QP will verify that all medications are in stock, administered, and documented correctly by initialing the Medication Checklist form. 8) The Home manager and Residential QP will make sure all staff members are up to date on their training. 9) All Myers Park staff members will receive	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 15</p> <p>coaching through the Human Resources Department Director form UMAR Services, Inc. where established policies and procedures were not followed in November and December 2019.</p> <p>Describe your plans to make sure the above happens.</p> <p>1) This training for Direct Care Staff will happen immediately and be completed by January 10, 2020. The current Live-in was immediately trained on January 2, 2020 on proper medication administration and documentation by the QP and Manager. All Myers Park Staff will also be retrained by a licensed nurse no later January 31, 2020.</p> <p>2) This will begin effective immediately and verified by the Home Manger and Residential QP initialing the Medication Checklist form."</p> <p>Documentation of medication administration was not kept current making it impossible to determine if clients were receiving the necessary medical care while at the facility. Clients #2 and #3 were dependent upon staff to ensure they received the correct medication and care. Client #2 was diagnosed with Intellectual Developmental Disability - Mild, Gastroenteritis, Gastroesophageal Reflux Disorder (GERD), Down Syndrome, Hypothyroidism, and was prone to Respiratory Bronchitis and Pneumonia. Client #2's medications included antipsychotics, thyroid regulating medications, anti-inflammatory and pain relievers, cognition enhancing medications, and respiratory enhancing medications. There were over 70 medication passes over a 2 month period for which there was no documentation of Client #2 receiving medications. Additionally, some critical medications required to improve respiratory function were not listed on Client #2's medication administration record. Furthermore,</p>	V 118		

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V 118	Continued From page 16 staff were documenting Client #2 received medications which had been discontinued or never started. Client #3 was diagnosed with Intellectual Developmental Disability - Mild, Hypothyroidism, and Bilateral Lens Implant. Client #3's medications included antidepressants, thyroid regulating medications, antihistamines and allergy medications. There was no documentation of Client #3 receiving medication during November, 2019. Furthermore, medication was discontinued without clear written orders. The House Manager/Associate Professional and Qualified Professional #1 identified the deficits with medication administration several months prior to the discovery by Division of Health Services Regulation. While the matter had been discussed in staff meetings, the House Manager/Associate Professional and Qualified Professional #1 did not implement corrective measures to rectify matters ensuring the clients received the medical care and supervision required. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		