

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2020
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NAME OF PROVIDER OR SUPPLIER LUV-N-ARMS	STREET ADDRESS, CITY, STATE, ZIP CODE 6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 6, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>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 and failed to keep the MARs current affecting one of three clients (#1). The findings are:</p> <p>Review on 01/06/2020 of client #1's record revealed: -17 year old male. -Admission date of 01/31/18. -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Mild Intellectual Developmental Disability.</p> <p>Review on 01/06/2020 of client #1's Physician order dated 01/03/2020 revealed: -Aripiprazole 10mg (treat the symptoms of psychotic conditions) Take 1 tablet by mouth at bedtime.</p> <p>Review on 01/06/2020 of client #1's January 2020 MAR revealed: -No transcription of Aripiprazole 10mg on the MAR and no initials starting on 01/03/2020 to indicate the medication had been administered.</p> <p>Observation on 01/06/2020 of client #1's medication box revealed no Aripiprazole 10mg.</p> <p>During interview on 01/06/2020 client #1 revealed he received his medication daily.</p> <p>During interview on 01/06/2020 the Associate</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Professional revealed: -She was not aware of the medication change due to her being off work the date of the change. -The medication would be filled immediately and administered as prescribed.</p> <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>	V 118		