PRINTED: 12/17/2019 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: \_\_\_ R B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD STAMEY HOME 1 **MARION, NC 28752** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 12/5/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities. V 117 27G .0209 (B) Medication Requirements V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS DHSR - Mental Health (b) Medication packaging and labeling: (1) Non-prescription drug containers not JAN 28 2020 dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible: Lic. & Cert. Section (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name: (C) the current dispensing date: (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the

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practitioner.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

pharmacy or dispensing location (e.g., mh/dd/sa

center), and the name of the dispensing

TITLE

(X6) DATE

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: \_\_ B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 117 V 117 Continued From page 1 All expired medications were removed from the This Rule is not met as evidenced by: Based on observations, interviews, and record facility site on 12.4.19
Monitoring of the site
Shows that all Medications review, the facility failed to ensure all prescription medications available for administration were not expired and contained a current dispensing date for 2 of 3 clients (Client #1 and Client #3). The have current despensing findings are: Record review on 12/4/19 for Client #1 revealed: See attached Supervision -Admission date of 1/4/19 with diagnoses of Moderate Intellectual Disability, Autism. Oppositional Defiant Disorder, Attention Deficit Hyperactivity (ADHD) and Seasonal Allergies. -Physician ordered medications on 1/31/19 included Ketoconazole 2% apply topically on Mondays and Thursdays for scalp lesions and Nasal Spray 0.05% 1 spray into nostrils for nose bleeds as needed. Client # 1 had his note cauterized w Silver nitrate on 3.25.19 Review on 12/4/19 of MARs for October-December 2019 revealed: -Ketoconazole was administered 10/3/19, DR ordered to Stop 10/7/19, 10/10/19, 10/14/19, 10/17/19, 10/20/19, 10/24/19, 10/28/19, 10/30/19, 11/4/19, 11/7/19, 11/11/19, 11/14/19, 11/18/19, 11/21/19, 11/25/19, Flomse 11/27/19 and 12/2/19. (18 doses) See AHAChed Wedical -Nasal Spray was not administered within the dates surveyed. Follow-Up Record review on 12/4/19 for Client #3 revealed: -Admission date of 4/24/19 with diagnoses of Autism, Bipolar and ADHD. Physician ordered medications on 9/17/19 and 3/19/19 included Neutrogena 3% shampoo apply to scalp as directed and disposable needles for

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 JUSTICE ROAD** STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 117 Continued From page 2 V 117 Victoza 18mg to administer 0.6mg subcutaneously daily. Review on 12/4/19 of MARs for October-December 2019 revealed: -Neutrogena shampoo was administered 10/3/19, 10/7/19, 10/10/19, 10/14/19, 10/17/19, 10/21/19, 10/24/19, 10/28/19, 10/30/19, 11/4/19, 11/7/19, 11/11/19, 11/14/19, 11/18/19, 11/21/19, 11/25/19, 11/28/19 and 12/2/19. (18 doses) Victoza was administered daily 10/1/19-10/31/19. 11/1/19-11/30/19 and 12/1/19-12/4/19. (65 doses) Observation on 12/4/19 at approximately 10am of medication boxes for Client #1 and for Client #3 revealed: Expired Crum is nasal spray removed from facility 12.4.19 --For Client #1-1 tube of Ketoconazole 2% cream had expiration date of 5/2019 and 1 tube had dispense date of 10/30/18; Nasal Spray 0.05% had dispense date of 6/21/18. Expired Sycompas ; needles --For Client #3-Salicylic Acid 6% Shampoo had expiration date of 1/2019 and box of disposable removed from facility needles for Victoza pen had expiration date of 10/2018. 12.4.19 OP 5 Home Mge. are currently meeting monthly to enech all medications s expiration dates. Interview on 12/4/19 with live-in Staff #1 revealed: -Had worked there for the past 2 1/2 years. -Was responsible for direct care as well as passing medications. -Had not noticed the expirations dates of some -He guessed the House Manager would be responsible to checking the medications. Interview on 12/5/19 with the Qualified

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responsibility.

Professional revealed:

-Was not in the facility on a regular basis but probably should be there more often.

-Reviewing medications in the home was her

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: B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 117 Continued From page 3 V 117 -Would monitor more closely. V 118 27G .0209 (C) Medication Requirements V 118 All MAR'S are generated from PSA Pharmanay. 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: 2294 US HWY 70 Swannowoa, NC 28778 (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 828-686-3804. (2) Medications shall be self-administered by All MAR'S have: clients only when authorized in writing by the Client's name client's physician. (3) Medications, including injections, shall be Medication name administered only by licensed persons, or by Strength's quantity unlicensed persons trained by a registered nurse, Instructions for pharmacist or other legally qualified person and privileged to prepare and administer medications. administering the drug (4) A Medication Administration Record (MAR) of DAKStime along was all drugs administered to each client must be kept current. Medications administered shall be administered recorded immediately after administration. The NAME OR Initials of person MAR is to include the following: administering the drug of (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; nudication changes or (D) date and time the drug is administered; and checks will be recorded; (E) name or initials of person administering the drug. Kept with the MAR. (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.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ R B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 | Continued From page 4 V 118 This Rule is not met as evidenced by: Based on observation, record review and interviews, failed to follow the written order of a physician affecting 2 of 3 clients (Client #1 and Client #3). The findings are: Record review on 12/4/19 for Client #1 revealed: -Admission date of 1/4/19 with diagnoses of Moderate Intellectual Disability, Autism, Oppositional Defiant Disorder, Attention Deficit Hyperactivity (ADHD) and Seasonal Allergies. -Physician ordered medications on 1/31/19 included Ketoconazole 2% apply topically on Mondays and Thursdays for scalp lesions. OPS Home Mar. counseled Review on 12/4/19 of MARs for with live in care provider October-December 2019 revealed: -Ketoconazole was administered 10/20/19 that all Physician Orders (Sunday), 10/30/19 (Wednesday), nust be followed as writen for all members Record review on 12/4/19 for Client #3 revealed: living in the home. -Admission date of 4/24/19 with diagnoses of Autism, Bipolar and ADHD. -Physician ordered medications on 3/19/19 included Victoza 18mg (diabetes) give 0.6mg subcutaneously daily and ordered on 9/17/19 Ketoconazole 2% apply topically on Mondays and See attached Dhysician orders to self-administer victoza-for client #3 Thursdays. -There was no doctors order for self-administration of Victoza. Review on 12/4/19 of MARs for October-December 2019 revealed: -Victoza was administered daily 10/1/19-10/31/19, 11/1/19-11/30/19 and 12/1/19-12/4/19. (65 doses) -Ketoconazole was administered 10/30/19 (Wednesday). Interview on 12/4/19 with Client #1 revealed:

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-Didn't know what medications he took or when

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: \_ R B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 | Continued From page 5 V 118 he used the prescription shampoo. 443. Home Nge. courseled Interview on 12/4/19 with Client #3 revealed: with live in care provider -Staff #1 gave him his insulin pen and he set it to whilize the method of himself then gave himself the shot every day. incidental tendning each time all clients are given -He thought he used the prescription shampoo every day but wasn't sure. Their prescription shampoo Interview on 12/4/19 with live-in Staff #1 revealed: by simply stating--Client #1 and Client #3 were only given their prescription shampoo on Mondays and 11 this is your prescription Thursdays. Both showered independently. shampoo that you are -Wasn't aware Client #3 couldn't give himself his shot every day. V 138 27G .0404 (A-E) Operations During Licensed V 138 Period 10A NCAC 27G .0404 **OPERATIONS DURING LICENSED PERIOD** (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed.

PRINTED: 12/17/2019 **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: \_ R B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 JUSTICE ROAD** STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 138 Continued From page 6 V 138 This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 12/4/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 3. On 12.5.19 QP Observation on 12/4/19 at approximately 9:30am informed the Home revealed: -A fourth individual was sleeping on the living mgr. i the Live in direct room couch with pillow and blankets. A large pile care worker that due of clothes was spread over the corner of the living room and in front of the TV. to the licensure -A box containing the fourth client's epipen was on the top shelf on the door of the refrigerator. Interview on 12/4/19 with Client #1 revealed: -The fourth client didn't stay over last night. Interview on 12/4/19 with Client #2 revealed: -The fourth client came over to the house all the time. He got along well with the forth client kept in locked Muc because he used to live there. He stayed over sometimes. Interview on 12/4/19 with Client #3 revealed: -He didn't know if the fourth client stayed over or

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not-he went to bed early.

Interview on 12/4/19 with Staff #1 revealed:
-The fourth client lived at a sister facility with the House Manager but had just stayed last night.

-The House Manager was home sick.

onen he is visit

PRINTED: 12/17/2019 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: R B. WING MHL059-077 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 138 | Continued From page 7 V 138 -This client used to live in this facility and got along well with the residents. -After a phone call with the House Manager, Staff #1 reported this fourth client did not stay in the facility last night. -The fourth client kept an epipen as this facility and at his home, just in case it was needed. OP informed Home Nige.; Live in care provider who she should be notified of any charges concerning members steeping over night in Interview on 12/4/19 with the Qualified Professional revealed: -She was aware the fourth client visited the facility, but thought it was more of an every once in a while visit. -She did not know if the fourth client ever slept over but would make sure staff knew that he could not. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to be maintained in a safe, clean, attractive, orderly manner. The

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findings are:

Observation on 12/4/19 at approximately 9:30am

-The shared bedroom on the left had 2 holes each about 5" diameter about a foot above the

of the facility interior revealed:

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: \_ R MHL059-077 B. WING 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 JUSTICE ROAD** STAMEY HOME 1 MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) V 736 Continued From page 8 V 736 bed where Client #2 slept. On the opposite side of the wall where Client #1 slept were 3 patched areas just above the bed. The spackle was rough and not painted. -The bedroom on the right had about a 5-6" hole on the far wall about 5' up from the floor. Interview on 12/4/19 with Client #1 revealed: -He knocked the holes in the wall. He didn't mean to. It had been several weeks ago. He didn't know anything about the patched holes on the other wall. Interview on 12/4/19 with Client #2 revealed: -Client #1 used to sleep on that side of the room and he had punched the holes in the wall. He couldn't remember how long the holes had been there. Interview on 12/4/19 with Client #2 revealed: -He had just leaned against the wall and it caved in. He though it had been patched before. Interview on 12/4/19 with the Qualified Professional revealed: -Was not aware of the damaged walls. -The House Manager was responsible for the home repairs since he owned the home.

Division of Health Service Regulation

	Search Empl						
Dashbeard Search Emplo			Com	munity Cor	npanion Home (	Care, LLC	
The same of the sa	Demog			Supe	ervision Notes		
	Add	Employee First	: Name Jamey		Employee Last Name	Stamey	
	Type	Date	01/13/2020	Time	10 AM	Location	Home
	Supervision						
DAN MINISTER CURRENTIANES APPLICATIONS	Supervision			Topic	cs Discussed		
	Supervision						
	Supervision	Communication	n			Therapeutic Relationships	
	Supervision	Crisis Prevention	on and Intervention			Client Rights	
	Supervision	Confidentiality				Abuse and Neglect	
	Supervision	Person-Centere	ed Thinking			Philosophy of Services	
CONTRACTOR	-1 6	Service Definit	ions			Documentation	
		Incident Repor	ting			Client Specific Medical Issues	
	c	Client Specific	Behavioral Issues			Diagnoses	
		Client Support	Needs			Planning Needs/Progress on C	Soals
	E E	Positive Behavi	or Supports			Natural Supports	
		Home/Enviorm	mental Modifications			Employee Support Needs	
	9	Employee Cour	seling			Training Updates	
		Employee Evalu	uation			Other	
	с Ехроп	Comments:	OP mat with James at th	o 180 luetico St	hama & routowad all ma	edications for the 3 members th	at live
	Act (ii) or	Comments:	there. All medications ar	e up to date & co	inside with the MARS. (	QP & Jamey also reviewed the D	HHS
	Gender		both bedrooms. Jamey a	so made contact	with the attending phys	s of the holes that he had repai ician to get orders for specific i	nember to
						I fresh fruit siting out on the tal sh produce. QP also viewed the	
	Date Employ					ne smell. We also discussed hav 190 Justice Rd. home to review	
			medications there.		and the same of the same	The second secon	
	Coin Yoursin						
		T	MOV			San	
		Frank Land	mey		Note that we still the party of	WEEK TO	

Su	pe	rvi	SI	10	1.74	ot	e

#### Community Companion Home Care, LLC Supervision Notes

Employee First Name		Jamey		Employee Last Name	Stamey	
Date	12/09/20			3 pm	Location	Home

#### **Topics Discussed**

Communication

Crisis Prevention and Intervention

Confidentiality

Person-Centered Thinking

Service Definitions

Incident Reporting

Client Specific Behavioral Issues

Client Support Needs

Positive Behavior Supports

Home/Enviornmental Modifications

**Employee Counseling** 

Employee Evaluation

Comments:

Therapeutic Relationships

Client Rights

Abuse and Neglect

Philosophy of Services

Documentation

Client Specific Medical Issues

Diagnoses

Planning Needs/Progress on Goals

Natural Supports

Employee Support Needs

Training Updates

Other

QP & Jamey met at the Justice St. home to review for all medications to be current & they were. Jamey had made repair to a bedroom wall & will continue the repair process until sanded & painted. Jamey has also purchased a septic treatment for the toilet in the home. QP suggested that a chore schedule be put in place for the members living in the home to help with environmental cleanliness & teach responsibility. Jamey is in agreement with this idea. QP & Jamey also went to the Justice St. home number 2 & met with the new care providers & member who lives there to review for current medications & they are in compliance. The medications are under double locks in care providers bedroom. The member expressed that he is happy living there & that the new care provider's wife provides home cooked meals.

## Community Companion Home Care, LLC

## **Medical Appointment Follow-Up**

Name:
MID# Record #
Physician's Name: Ted nieho
Reason for Visit: Noxeblee
Results of Visit: Carterized S. Ner Withte
Prescription Given or Changed: (attach copies of prescription)  Stop Finage  Nasal Saline Zsprays ealisite of Wose  Follow-up Scheduled:
Follow-up Scheduled:
AFL Signature:  Date:  3 25/9

### Asheville Endocrinology Consultants, P.A.

750 Alliance Court Asheville, NC 28806 (828) 670-6812 Fax: (828) 670-5703 AEC Physician: Victor Richard Marlar 12/09/2019



To Whom it may concern,

I attend to Mr. Manually everyday. Please call our office if you have any questions Thank you.

Sincerely,

Victor Richard Marlar MD

No. 3706 P. 2/2

Dec. 9.2019 5:24PM

## Mission Community Medicine - Nebo 339 Nebo School Road

339 Nebo School Road Nebo, NC 28761 (828) 652-6326

Patient Name:				
Birthdate Allergies: NKA	Age:	Sex: Male	MRN	
	Pharmacist please note	Allergy list may be incomplete.		
Patient Address:		Home Phone:		

<b>Prescription Detai</b>	ls:	Date Issued: 01/14/2020
Rx: salicylic acid	topical 3% shampoo	Start Date: 09/17/2019
SIG:	See Instructions	
Dispense/Supply:	<1 (one) bottle>	
Refill:	<5>	
Instructions:	Apply to scalp as directed on	Tuesday and Friday
Indications:	instructions:	
		x////
DISPENSE A	S WRITTEN	SUBSTITUTION PERMITTED
Prescribed by: Jason De	ean Hoyle, PA[S]	License Number: 0010-05255

Supervising Physician: Adam J Kinninger, DO[S]

Entered by: Trisha Garner, LPN

ATTENTION: THIS RX NOT VALID FOR CONTROLLED SUBSTANCES

NPI#: 1831595529

# Mission Community Medicine - Nebo 339 Nebo School Road

Nebo, NC 28761 (828) 652-6326

Patient Name:				
Birthdate: Allergies: NKA	Age:	Sex: Male	MRN:	
	Pharmacist please noteAll	ergy list may be incomplete.		
Patient Address:		Home Phone: Work Phone:		

<b>Prescription Detai</b>	ls:	Date Issued: 01/14/2020
Rx: Pt can self ad shampoo	minister ketoconazole an	d salicylic acid Start Date: 01/14/2020
SIG:	See Instructions	
Dispense/Supply:	<1 (one) each>	
Instructions:	Use as directed to apply to	scalp Ketoconazole (monday and
	thursday) Salicylic acid (to	
Indications:	instructions:	
DISPENSE A	S WRITTEN	SUBSTITUTION PERMITTED
Prescribed by: Jason De	ean Hoyle, PA[S]	License Number: 0010-05255
		NPI #: 1831595529

Entered by: Trisha Garner, LPN

ATTENTION: THIS RX NOT VALID FOR CONTROLLED SUBSTANCES

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Dashboard Search Empi Hanson,			X.10.0.10.10.10.10.10.10.10.10.10.10.10.1	mpanion Home	Care, LLC	
	Demogi		Sup	ervision Notes		
College College	C Add	Employee First Name Nathan		Employee Last Name	e Hanson	
	Type	Date 01/13/2020	Time	10 AM	Location	Home
	s Supervision					
	Supervision		<u>Top</u> :	ics Discussed		
	Supervision					
	Supervisions	Communication			Therapeutic Relationships	
	Supervision	Crisis Prevention and Intervention			Client Rights	
ete lani di dang ki di sada di dibinan ki	Supervision J	Confidentiality			Abuse and Neglect	
		Person-Centered Thinking			Philosophy of Services	
	- c	Service Definitions			Documentation	
		Incident Reporting			Client Specific Medical Issues	
	c I	Client Specific Behavioral Issues			Diagnoses	
		Client Support Needs			Planning Needs/Progress on G	ioals
	E I	Positive Behavior Supports			Natural Supports	
		Home/Enviornmental Modifications			Employee Support Needs	
	5	Employee Counseling			Training Updates	
		Employee Evaluation			Other	
	g Export	Comments: QP met with Na	than & reviewed all medi	cations/MARS for membe	ers living in the home for accurac	-v OP
	Aut felter	acknowledged N	lathan for being of great	help during the time that	t the Home Manager was in hospi mell. Nathan states that he has s	ital. QP
	Gender	top of it!! Howe	ver, when it rains alot, th	ey do have issues with si	mell from the toilet & they are s	till trying
	Aus fater	there by 2/1/20	. QP also reviewed with h	lathan that we can only	weekly chores for the members have 3 members in the home for	overnight
	Date Employ	visits due to the	liscensure specifications	. Nathan understands thi	s & will uphold the the regulatio	n.
	Add Black			1-30	SOAN	
	Photos Paramies	Nathan			SOM SON	
				-73	YONW -	
		1 B			101	







