STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	DERTH TO ATOTA TO MODELA.	A. BUILDING:			
MHL0601229		B. WING		R 02/03/2020	
IDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ИE					
	HUNTEF	RSVILLE, NC 28078			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	CTION SHOULD BE COMPLE D THE APPROPRIATE DATE	
ITIAL COMMENTS	;	V 000			
tegory: 10A NCAC	27G 5600F Supervised				
G .0209 (C) Medic	ation Requirements	V 118			
EQUIREMENTS) Medication admin) Prescription or no ally be administered der of a person aut ugs.) Medications shall ents only when aut ent's physician.) Medications, inclu liministered only by dicensed persons the armacist or other lease ivileged to prepare) A Medication Administered ivileged to prepare) A Medication Administered) A Medication Administer	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following: Ind quantity of the drug; dministering the drug; drug is administering the r medication changes or				
	DEFICIENCIES DRRECTION DER OR SUPPLIER IE SUMMARY ST (EACH DEFICIENC REGULATORY OR ITIAL COMMENTS a annual and follow 2-3-20. Deficiencia is facility is license tegory: 10A NCAC ving for All Disability esidence. G .0209 (C) Medic A NCAC 27G .020 EQUIREMENTS Medication admin) Prescription or no ly be administered der of a person aut ugs.) Medications shall ents only when aut ent's physician.) Medications shall ents only when aut ent's physician.) Medications shall ents only when aut ent's physician.) Medications shall ents only by licensed persons the armacist or other levileged to prepare) A Medication Adm drugs administered rent. Medications corded immediately AR is to include the) client's name;) name, strength, a) instructions for ac) date and time the) name or initials of ug.	DRRECTION IDENTIFICATION NUMBER: MHL0601229 DER OR SUPPLIER STREET A 425 THR HUNTEF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ITIAL COMMENTS a annual and follow up survey was completed 2-3-20. Deficiencies were cited. is facility is licensed for the following service tegory: 10A NCAC 27G 5600F Supervised ing for All Disability groups in a Private isidence. G .0209 (C) Medication Requirements A NCAC 27G .0209 MEDICATION EQUIREMENTS Medication administration:) Prescription or non-prescription drugs shall ly be administered to a client on the written der of a person authorized by law to prescribe Igs.) Medications shall be self-administered by ent's physician.) Medications shall be self-administered by ent's physician.) Medication Administration Record (MAR) of drugs administered to each client must be kept rrent. Medication Administration Record (MAR) of drugs administered to each client must be kept rrent. Medications administered shall be corded immediately after administration. The AR is to include the following:) client's name;) name, strength, and quantity of the drug;) instructions for administering the drug;) instructions for person administering the drug;) aname or initials of person administering the	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CA DRRECTION MHL0601229 B. WING	DEFICIENCIES (X1) PROVIDERSUPPLIENCLIA IDENTIFICATION NUMBER: (X2) MULTIFIE CONSTRUCTION A. BUILDING:	DEFICIENCIES (11) PROVIDERISUPLIERCUA DENTIFICATION NUMBER: (22) MULTIPLE CONSTRUCTION A BUILDING: (23) DAT A BUILDING: DER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE DER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE DER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE DER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE DER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE DER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE DEAD CONSTRUCTION WIGHTS PLAN OF CORRECTION (EACH DEPRICIENT WIGHTER PROCEEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH DEPRICIENT WIGHTER PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION) TITAL COMMENTS V 000 V 000 TITAL COMMENTS V 000 COSS-REPERENCED TO THE APPROPRIATE DEFICIENCY TITAL COMMENTS V 000 V 000 TITAL COMMENTS V 000 STREET ADDRESS G. 0.209 (C) MEDICATION SQUIREMENTS V 118 G. 0.209 (C) MEDICATION SQUIREMENTS V 118 G. 0.209 (C) Medication Requirements V 118 Medication administread by ensist only when authorized by law to prescribe igs. Medication Administrement Cool MARN of Administer do the secol definit must be kept rent. Medications admininistered by ende

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 02/03/2020		
		MHL0601229					
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		425 THR	REE GREENS DRIVE	E			
SHEP EL I	HOME	HUNTER	RSVILLE, NC 28078	3			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O			
PREFIX TAG	(Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	HE APPROPRIATE DAT		
V 118	Continued From page	e 1	V 118				
	with a physician.						
	This Rule is not met	as evidenced by:					
		ew and interview the facility					
	failed to maintain and of 3 clients (client #3)	l accurate MAR, effecting 1). The findings are:					
	Review on 2-3-20 of revealed:	client #3's physician orders					
	-Oxcarbazepine	300 mg one tab twice a day.					
		nd 2-3-20 of client #3's					
		9 -Jan 2020 revealed:					
	two tab's twice a day	ed Oxcarbazepine 300 mg					
	Interview on 2-3-20 v Living Provider revea	vith the Alternative Family led:					
-He		carbazepine one tablet twice					
	•	ized that he had made an					
	•	ge down on the MAR, but he					
	did give the medication						
	the Feb MAR had the	ore careful in the future and ecorrect dosage.					
		itutes a recited deficiency					
	and must be correcte	a will ou days.					
	27G .0303(c) Facility	and Grounds Maintenance	V 736				
	10A NCAC 27G .0303 LOCATION AND						
	EXTERIOR REQUIR						
	(c) Each facility and i	ts grounds shall be clean, attractive and orderly					
	maintaineu in a sale,	cicall, allactive and orderly					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601229		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R 02/03/2020		
			A. BUILDING:			
		MHL0601229	B. WING			
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SHEP EL I	НОМЕ					
(X4) ID	SUMMARY ST		RSVILLE, NC 28078	PROVIDER'S PLAN C		(X5)
PREFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT	
V 736	Continued From page	e 2	V 736			
	manner and shall be odor.	kept free from offensive				
		n and interviews the facility ed in a pleasant, clean, safe				
revealed:	20 at approximately 7:30am detector chirping at regular					
	Living provider revea -He had change moved into the facilit -He had not notion chirping.	vith the Alternative Family led: d all the batteries when they y in September 2019. ced the smoke detector changed as soon as				
	This deficiency const and must be correcte	itutes a re-cited deficiency d within 30 days.				

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