

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/03/2020</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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	<b>INITIAL COMMENTS</b>  An annual and follow up survey was completed on 2-3-20. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disability groups in a Private Residence.	V 000	President/Owner scheduled a Medication Education/ Administration class for Qualified Professionals (QPs) and Direct Care staff to ensure proper documentation when documenting on MAR.	02/13/2020
V 118	<b>27G .0209 (C) Medication Requirements</b>  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	V 118	AFL staff members and Qualified Professionals (QPs) will attend MAR training course for refresher to specifically review completion of MAR and errors.  All direct care staff providing AFL services will participate in a refresher MAR certification/training every six months to ensure medication administration compliance.  President has enforced policy for ALL AFL homes to utilize one of the 2 pharmacies that provide the MAR/ Prescription and Physician orders pre-filled (MAR) to minimize med errors and reflect any updates to members prescribed medications. (See attached letter)  QA Manager will conduct review of all members records receiving medication to ensure presence of matching physician order/medication bottle/MAR that correlates to one another matches across all three.  QP will contact legal guardian or pharmacy every 6 months to assure medications, dosage, and times are current and accurate	02/26/2020  02/13/2020  02/13/2020  02/13/2020  02/13/2020

**DHSR - Mental Health**

**FEB 24 2020**

**Lic. & Cert. Section**

Division of Health Service Regulation

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

*Andrea [Signature]*

TITLE

*Owner*

(X6) DATE

*2/21/2020*

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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 and interview the facility failed to maintain and accurate MAR, effecting 1 of 3 clients (client #3). The findings are:</p> <p>Review on 2-3-20 of client #3's physician orders revealed: -Oxcarbazepine 300 mg one tab twice a day.</p> <p>Review on 1-29-20 and 2-3-20 of client #3's MAR's from Dec 2019 -Jan 2020 revealed: -MAR documented Oxcarbazepine 300 mg two tab's twice a day.</p> <p>Interview on 2-3-20 with the Alternative Family Living Provider revealed: -He gave the Oxcarbazepine one tablet twice a day. -He had not realized that he had made an error writing the dosage down on the MAR, but he did give the medication correctly. -He would be more careful in the future and the Feb MAR had the correct dosage.</p> <p>This deficiency constitutes a recited deficiency and must be corrected with 30 days.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

Division of Health Service Regulation

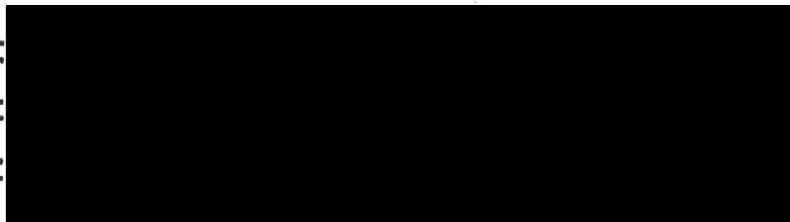
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V 736	<p>Continued From page 2</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a pleasant, clean, safe environment. The findings are:</p> <p>Observation on 2-3-20 at approximately 7:30am revealed: -Upstairs smoke detector chirping at regular intervals.</p> <p>Interview on 2-3-20 with the Alternative Family Living provider revealed: -He had changed all the batteries when they moved into the facility in September 2019. -He had not noticed the smoke detector chirping. -He would get it changed as soon as possible.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>QP will conduct monthly smoke detector check during supervision visits to assure there are properly functioning smoke detectors in the home. If citations noted, must be corrected within 24 hours.</p> <p>QP will document deficiencies and require receipt from AFL provider reflecting repair or purchase of needed items for compliance. (See receipt).</p> <p>QA Manager will review monthly supervisions quarterly to assure compliance of safety rules.</p>	<p>02/13/2020</p> <p>02/13/2020</p> <p>02/13/2020</p>

**Benzer Pharmacy**  
**6018 The Plaza**  
**Charlotte, NC 28215**

**Attn: Praising Hands**

Starting March 1<sup>st</sup> 2020, Benzer pharmacy will be providing pharmacy services to the following patients. It would include free delivery, MAR each month, Prescription copies, and Caretaker preferred choice of either getting medication in blister pack or vial.

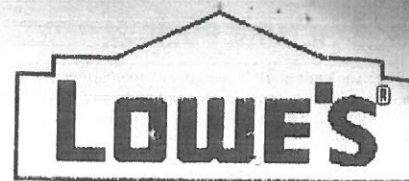
1:  
2:  
3:



Thank you  
Benzer Pharmacy

1.000 VIOLET ONE ONLY





LOWE'S HOME CENTERS, LLC  
10275 PERIMETER PARKWAY  
CHARLOTTE, NC 28216 (704) 501-4420

## REBATE RECEIPT

VALID FOR REBATE REQUESTS ONLY

\$5 LOWE'S GIFT CARD OR DONATE TO USO

SALE DATE: 02-13-20  
LOCATION #: 2352  
INVOICE #: 09314  
OFFER #: 267885  
TRANS #: 9610324



VERIFY ITEMS QUALIFY FOR BELOW TERMS BEFORE SUBMITTING:

PURCHASE \$15 OR MORE OF QUALIFYING  
ENERGIZER PRODUCTS AND RECEIVE  
A \$5 LOWE'S GIFT CARD VIA MAIL OR  
ONLINE REBATE OR HAVE ENERGIZER  
DONATE \$5 TO UNITED SERVICE  
ORGANIZATIONS, INC.

### ITEMS PURCHASED THAT MAY QUALIFY FOR REBATE\*:

33313 E91SMP8T ENERGIZER AA 8 CT	7.12
33907 E92SMP8T ENERGIZER AAA 8CT	7.12
33314 522BP-2 JH ENERGIZER 9V 2-CT	8.24

### THIS SALE INCLUDES:

33313 ENERGIZER AA 8 CT	7.12
33907 ENERGIZER AAA 8CT	7.12
33314 JH ENERGIZER 9V 2-	8.24
745923 30-FL OZ CLOROX DI	4.07
52958 32-FL OZ TILEX MOL	3.59
888195 MR. CLEAN CLEAN FR	5.21
174475 120-FL OZ CLOROX P	6.15
789696 23-FL OZ WINDEX OR	3.02
1217523 13-GAL 130-CT KTCH	12.33
107204 LCC SYSTEM USE ONL	0.00 N

INVOICE 09314 SUBTOTAL: 56.85



REQUIREMENTS:

THIS COMPLETED REBATE RECEIPT

OFFER DATE: 10-01-19 THRU 02-28-20

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

MAIL ALL REQUIRED INFORMATION TO:

DEPT 267885  
LOVE'S REBATES  
PO BOX 750616  
EL PASO, TX 88575-0616

POSTMARK DATE: 03-31-2020

TERMS AND CONDITIONS:

\*\*PLEASE VERIFY PURCHASES QUALIFY  
FOR THE ABOVE TERMS BEFORE  
SUBMITTING.\*\*  
LIMIT 1 PURCHASE PER DAY AND MAXIMUM  
OF 4 (\$5 GIFT CARDS OR DONATIONS)  
PER HOUSEHOLD OVER THE ENTIRE  
PROMOTIONAL PERIOD. ALLOW 6-8  
WEEKS FOR PROCESSING.

REQUESTS FROM GROUPS OR ORGANIZATIONS WILL NOT BE  
IGNORED. FRAUDULENT SUBMISSION OF MULTIPLE REQUESTS  
WULD RESULT IN FEDERAL PROSECUTION UNDER THE U.S. MAIL  
AND STATUTES (18 USC, SECTION 1341 AND 1342). OFFER  
GOOD IN U.S.A. ONLY. VOID WHERE PROHIBITED, TAXED  
RESTRICTED BY LAW. IF YOU DO NOT RECEIVE YOUR REBATE  
WITHIN 6-8 WEEKS, PLEASE CALL 1-877-204-1223 OR VISIT  
WWW.LOVES.COM/REBATES. THIS CERTIFICATE MAY NOT BE  
PRODUCED, TRADED OR SOLD. PLEASE KEEP A COPY OF THIS  
COUPON FOR FUTURE REFERENCE.