PRINTED: 03/02/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
Ent of Controlled Horizon			A. BUILDING:								
MHL0601359		B. WING		02/24/2020							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BENNETT HOME 7136 MCEWEN PLACE MINT HILL, NC 28227											
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	JLD BE COMPLETE						
V 000	INITIAL COMMENTS		V 000								
	An annual survey was completed on 2-24-20. Deficiencies were cited.										
	This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disabilities in a Private Residence.										
V 118	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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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MHL0601359 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
SUMMARY STATEMENT OF DEFICIENCIES D			MHL0601359	B. WING		02/24/2020		
SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PLLL (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION)			7136 MCEV	VEN PLACE	TE, ZIP CODE			
This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain an accurate MAR, effecting one of one client (client #1). The findings are: Review on 2-24-20 of client #1's MAR for February 2020 revealed: - Divalproex SOD ER 500 mg 1 tab at bedtime - Divalproex SOD ER 500 mg 2 tabs at bedtime. -Both had been signed daily up to 2-23-20. Review on 2-21-20 of client #1's physician orders revealed: - Order for Divalproex SOD ER 500 mg 1 tab at bedtime signed 12-27-19. -Order for Divalproex SOD ER 500 mg 2 tabs at bedtime signed 2-10-20. Interview on 2-24-20 with the AFL (Alternative Family Living) provider revealed: - Client #1 was supposed to be getting one tablet in the am and two in the pm. -He was giving client #1 the correct dose, but	PRÉFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	ACH CORRECTIVE ACTION SHOULD BE COMPLÉT DSS-REFERENCED TO THE APPROPRIATE DATE		
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Interview on 2-24-20 with the director revealed: -They understood the documentation had to be correct. -They did think client #1 was getting the correct medication.		Based on record reviefailed to maintain an a of one client (client #1 Review on 2-24-20 of February 2020 reveal -Divalproex SOD -Divalproex SOD bedtimeBoth had been s Review on 2-21-20 of revealed: - Order for Divalp at bedtime signed 12-Order for Divalp at bedtime signed 2-1 Interview on 2-24-20 Family Living) provide -Client #1 was sutablet in the am and the -He was giving chadn't changed it on the Interview on 2-24-20 from the correctThey did think client was a simple correctThey did think client #1	ew and interview the facility accurate MAR, effecting one I). The findings are: client #1's MAR for ed: ER 500 mg 1 tab at bedtime ER 500 mg 2 tabs at signed daily up to 2-23-20. client #1's physician orders proex SOD ER 500 mg 1 tab e27-19. The findings are: with the AFL (Alternative er revealed: apposed to be getting one wo in the pm. lient #1 the correct dose, but the MAR. with the director revealed: dithe documentation had to					

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