

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2020
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NAME OF PROVIDER OR SUPPLIER BENNETT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7136 MCEWEN PLACE MINT HILL, NC 28227
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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 2-24-20. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disabilities in a Private Residence.</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 with a physician.</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>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:</p> <p>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.</p> <p>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.</p> <p>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 hadn't changed it on the MAR.</p> <p>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. -They would ensure the MAR's were correct in the future.</p>	V 118		