STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL011-379	B. WING		02/2	24/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE	-		
			OMA CIRCLE	,			
CAMPBE	LL HOME	ASHEVIL	LE, NC 2880	1			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETE DATE	
V 000	INITIAL COMMENT	-s	V 000				
	on 2/24/2020. A de	•					
		ed for the following service C27G5600F Alternative disability groups.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person and drugs. (2) Medications shad clients only when a client's physician. (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medications recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL011-379	B. WING		02/2	4/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
CAMPBE	ELL HOME		MA CIRCLE			
			LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	review, the facility fa	ons, interviews and record ailed to ensure the Medication ord (MAR) was accurate and				
	The findings are:					
	revealed he was ad 7/18/14 with diagno Intellectual Develop	2's record on 2/24/2020 Imitted to the facility on uses including Moderate omental Disability, Autism, at Disorder and Mood rwise Specified.				
	Client # 2 revealed: -11/27/19 - "Risperion" (1) at HS (bedtime)	done 2 mg (1) in morning and				
	February 2020 reverthe morning dose of through on the Januwas not documented 1 from 1/11/20 - 1/3 - the morning dose of the February MAR aby AFL Provider # 1	of Risperidone was marked uary MAR as of 1/10/20 and ed as given by AFL Provider #				
	# 2's medications re	evealed each medication was all pharmacy in bubble packs				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			TE SURVEY MPLETED	
		MHL011-379	B. WING		02/2	4/2020	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CAMPBE	CAMPBELL HOME 201 TACO ASHEVILL						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 118	administration direct (bedtime)" was disputed to the was unable to regarding changes. Interview on 2/24/20 Provider # 1 revealed including the Risperstated he remember Risperidone and was ordered. He further sometimes and man medications, but I gopharmacy for what acknowledged the Interview on 2/24/20 Qualified Profession the facility at least of the facility at least of MAR's for accuracy reported she had not client # 2's Februar visited on 2/16/2020 Interview on 2/24/20 assistant Administration when a medication completes new MA provider picks up the office. She further MAR for Client # 2 provider "must have She also reported to licensee dispenses packs as ordered"	Risperidone 2 mg with ctions of "1 pill at HS bensed on 2/14/2020. Ilient #2 on 2/24/2020 at 12:05 beived his medications daily, to give specific details in his medications. D20 at 11:30 AM with AFL end he gave all medications, ridone, as ordered. He further ered the dose change of as giving it at bedtime only, as a stated, "I get in a hurry rik the MAR after I give the go by the packet from the to give." He further end give. He further end at 2:00 PM with the facility hal (QP) revealed she visited monthly and reviewed the reducing her visits. She further of identified the inaccuracy of my MAR, even though she	V 118				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL011-379	B. WING		02/2	24/2020	
	PROVIDER OR SUPPLIER	201 TAC	DORESS, CITY, S DMA CIRCLE LE, NC 2880				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	but the MAR was no provider using the c	ot accurate due to the AFL old MAR.	V 118				

6899

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