PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECT TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECT CROSS-REFERENCE	(X3) DATE SURVEY COMPLETED 02/20/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LEE HOME 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803 (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 P (EACH CORRECT CROSS-REFERENCE DE V 000 INITIAL COMMENTS V 000 An annual survey was completed on February 20, 2020. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individual of all Disability Living for Individual of all Disability	LAN OF CORRECTION (X5) IVE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE
33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803(X4) ID PREFIX TAGSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGPROVIDER'S P (EACH CORRECT CROSS-REFERENCE DEV 000INITIAL COMMENTSV 000An annual survey was completed on February 20, 2020. A deficiency was cited.V 000This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individual of all DisabilityV 000	IVE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE
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V 118 27G .0209 (C) Medication Requirements V 118	
 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. Medication 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 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	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	02/20/2020	
		MHL011-328			02/		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	ΛE		TON HEIGHTS LLE, NC 28803				
		()(5)					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page 1		V 118				
	with a physician.						
	This Rule is not me	et as evidenced by: on, record review and					
	interview the facility	failed to ensure the MARs					
	were current for 2 c findings are:	of 2 clients (#1, #2). The					
	Client #1:						
	Observation on 2/2	0/20 at 10:23AM of the					
	 medications for Clie Vitamin D 125mcg 						
	-Calcium 500mg, o						
	Record review on 2	2/20/20 for Client #1 revealed:					
		/10 with diagnoses of al Disability, Down Syndrome,					
	Duodenal ulcer, Ad						
	Hypothyroidism, iro						
	gastroesophageal r	ellux disorder.					
	Review on 2/20/20 for Client #1 reveal	of the 12/2019-2/2020 MARs					
		eo. ebruary 2020 MARs did not					
	include the Vitamin	D or Calcium for Client #1.					
	Client #2:						
	Observation on 2/2 medications for Clie	0/20 at 10:32AM of the					
		0mg, dispensed 1/24/20.					
	Record review on 2	/20/20 for Client #2 revealed:					
	-Admitted on 10/30	/10 with diagnoses of Severe					
	Intellectual Disabilit Disorder, and Anxie	y, PICA, Autism, Seizure etv Disorder.					
	-Physician's order of ealth Service Regulation						

PHQN11

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL011-328	B. WING		02/		
			DDRESS, CITY, S	TATE, ZIP CODE			
	ΛF		TON HEIGHTS				
		ASHEVI	LLE, NC 28803	3			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTIO		(X5) COMPLET DATE	
V 118	Continued From page 2		V 118				
	Oxcarbazepine 300mg, 2 three times per day. Review on 2/20/20 of the 12/2019-2/2020 MARs for Client #2 revealed: -Dates of 2/3/20-2/6/20 and 2/10/20-2/13/20 were left blank on the February MAR.						
			9				
	revealed: -In December the p at the time of his ye had low levels of c the provider to star Vitamin D supplem -Client #1 had bee December. -He did not know h administration of th -The mid-day dose when he was not in Interview on 2/20/2	n taking the supplements since he needed to document he supplements. e for Client #2 was left blank in the facility. 20 with the Director revealed:					
	physician need to b All orders by the ph documented.	or supplements ordered by the be documented on the MARs. hysician need to be re of the supplements for Clien	t				
cion of LL	ealth Service Regulation						