

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-426</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STARKEY LOWERY'S SUPERVISED LIVING HC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1232 PENSELWOOD DRIVE RALEIGH, NC 27604</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 16, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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</p>	V 118		

Division of Health Service Regulation 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>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to keep the MAR current affecting one of one client (#1). The findings are:</p> <p>Review on 7/16/21 of client #1's record revealed: -Admitted: 5/11/12 -Diagnoses: Profound Intellectual and Developmental Disabilities, Generalized Convulsive Epilepsy -Physician's order dated 9/16/20 listed: -Famotidine 20mg (milligrams), take 1 pill by mouth twice a day (heartburn) -Rosuvastatin Calcium 20mg, take 1 tablet orally once a day (lower "bad" cholesterol and fats)</p> <p>Observation on 7/16/21 at 11:30am of client #1's medications revealed: -Famotidine 20mg, take 1 pill by mouth twice a day -Rosuvastatin Calcium 20mg tablet, take 1 tablet orally once a day</p> <p>Record review on 7/16/21 at 11:45am of client #1's May, June and July 2021 MARs revealed: - Medications not listed: Famotidine 20mg and Rosuvastatin Calcium 20mg</p> <p>Interview on 7/16/21 with the Owner revealed: -She was not aware the medications were not</p>	V 118		

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V 118	Continued From page 2  listed on the May, June and July 2021 MARs -Client #1 had taken the medications daily or as prescribed -Reviews the MARs daily, "just an oversight" -She did not notice the medications were not listed on the MARs -She administered all medications to client #1	V 118		