PRINTED: 08/30/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COMPL	ETED
MHL0601447		MHL0601447	B. WING		R 08/20/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PETERS HOME			REL TWIG COU TE, NC 28215	IRT		
(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	INITIAL COMMENTS		V 000			
	A follow up survey was Deficiencies were cite	as completed on 8-20-21. ed.				
		I for the following service 27G .5600F Supervised Family Living.				
V 118	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. 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 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LEAR OF GOTTLESTICK			A. BUILDING:			
		MHL0601447	B. WING		R 08/20/2021	
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
PETERS I	HOME		IREL TWIG COU TTE, NC 28215	IKI		
0(1) 15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d 0/5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 1		V 118			
	This Rule is not met	•				
	Based on interviews, record reviews, and observations, the facility failed to have physician orders for administered medications affecting one of one audited client (Client #1). Review on 8/17/21 of Client #1's record revealed: -admitted 5-28-20; -diagnoses of Severe Intellectual Disability, Intermittent Explosive Disorder, Seizures,					
	Unspecified Mood Dis					
	•	PICA, and Polydipsia;				
	-Habilitation Plan dated 9-1-20 listed all					
	prescribed medications, doses, routes, and administration times;					
	-no physician orders for the following					
	medications:	Ğ				
	-divalproex sodiu	ım 500mg (milligram), 1				
	tablet in the AM, 2 tab					
		ate 300mg tablets, take 2				
	tablets (600mg) BID (g TID (three times daily);				
		in the PM and PRN (as				
	needed) for agitation;	•				
		ng tablets, take 2 tablets				
	(120mg) with meals in	n the PM;				
	-benztropine mes	slyte 1mg tablet, 1 tablet BID.				
	Observation on 8/17/5	21 at approximately 2:00pm				
	of Client #1's medicat					
	-medication bottles w					
	mediations listed in th	ne Habilitation Plan:				

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-medication bottles were available for all

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED	
		MHL0601447	B. WING		R 08/20/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DETERNI	JOME	4410 LAU	REL TWIG COU	IRT		
PETERS I		CHARLO1	TE, NC 28215			
(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 (XE (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 118	Continued From page	2	V 118			
	medications listed on the current MAR (Medication Administration Record). Review on 8/17/21 of Client #1's MAR for July 2021 through August 2021 revealed: -medication had been marked as given daily. Interview on 8/17/21 with Staff #1 revealed: -"I had physician orders for him (Client #1) but I think I gave them to [CEO];" -"got a list of current medications from the physician but the doctor didn't sign the list;" -"have called the doctor's office and have an appointment today at 3pm to get a copy of the					
	home effective 8-1-21 -would be conducting to ensure the MAR, p medications are avail ordered by the physic -no signed physician Staff #1 had an appoi	aled: ald assigned oversight of the l; monthly visits to the home hysician orders, and able and administered as				
	#1 revealed: -had conducted a re-t Administration Proces -the medication admin how to start a new me medications, make ch medication orders are physician's order, how make any necessary	nanges to the MAR when e changed, what to do with a w to fill out the MAR and				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUI		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL0601447	B. WING		08/20/2021	
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PETERS H	IOME		REL TWIG COL	IRT		
		CHARLO1	TE, NC 28215			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
V 118	Continued From page	. 2	V 118			
V 110	Continued From page	= 3	110			
	her computer screen	with the class;				
	•	aff #1) was having that much				
	•	specific problems that arose				
	from the survey;"	opcomo probiomo mar arcoc				
	-	ne physician orders went but				
	they were there at on					
		nurse checking this stuff for				
		re that he is following the				
		ation process properly;"				
	-would be talking with					
	concerns regarding S	Staff #1 understanding of the				
	medication administration process.					
	Interview on 8-18-21 and 8-20-21 with the Chief					
	Executive Officer (CEO) revealed:					
	-"not sure why it (phys	•				
	followed up on;"	,				
	•	en him the physician orders				
	for Client #1;	on thin the physician orders				
	-"[Staff #1] is responsible for doctor's					
	appointments, scripts, and medications, and the					
	QP is to follow up;"					
	-the RN had conducted Medication Administration					
	re-training with Staff #1;					
	-the former QP (QP#2) was out on medical leave					
	but had been out to the home to ensure that the					
	physician orders were present;					
	-"according to [QP#2] I thought all physician					
	orders were in the ho					
	-"will ensure all physic	cian orders are in the home;"				
	-"will talk with the RN	about health and safety				
	checks to make sure	that the MAR and physician				
	orders are current."	. ,				
	This deficiency consti	itutes a re-cited deficiency				
	and must be correcte					
	and must be conecte	u wililli oo uays.				

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