

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AFL - GARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 5193 NC HIGHWAY 47 LEXINGTON, NC 27292
---	--

(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 1/20/2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audits of 2 current clients.</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</p>	V 118		

Division of Health Service Regulation
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 IDENTIFICATION NUMBER: MHL029-121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AFL - GARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 5193 NC HIGHWAY 47 LEXINGTON, NC 27292
---	--

(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 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to record administration of medications immediately after administration affecting 1 of 2 clients (#2). The findings are:</p> <p>Review on 1/19/2022 of client #2's record revealed: - Admission date: 5/3/2010 - Diagnoses: Bipolar Disorder; Schizophrenia; Gastroesophageal Reflux Disease; and Restless Leg Syndrome - Physicians orders for the following medications: - Divalproex ER 250mg (milligrams), 3 tablets (=750mg) QHS (every night at bedtime), dated 9/20/2021; - Olanzapine 15mg, 1 tablet QHS, dated 9/220/2021; - Trazodone 50 mg, 1 tablet QHS, dated 9/20/2021.</p> <p>Reviews on 1/19/2022 and 1/20/2022 of client #2's MARs dated 11/1/2021 to 1/19/2022 revealed: - No documentation of administration of divalproex ER, olanzapine, or Trazodone from 11/16/2021 to 11/30/2021.</p> <p>Interview on 1/19/2022 with client #2 revealed: - She did not know the names of all of her</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AFL - GARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 5193 NC HIGHWAY 47 LEXINGTON, NC 27292
---	--

(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 118	<p>Continued From page 2</p> <p>medications.</p> <ul style="list-style-type: none"> - She could look at her medications and tell if she was missing a pill. - She did not think that she had missed any medication doses. <p>Interviews on 1/19/2022 and 1/20/2022 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She must have overlooked the signature lines for client #2's divalproex ER, olanzapine, and Trazodone on the November 2021 MAR. - She made certain that client #2 was administered her medications every day. - She would talk to the Qualified Professional/Resource Coordinator (QP/RC) to determine how to address the documentation errors on the November 2021 MAR. <p>Interview on 1/20/2022 with the QP/RC revealed:</p> <ul style="list-style-type: none"> - Staff #1 usually did not have any issues with documentation on MARs. - He usually checked the MARs when they were turned in every month to ensure they were filled out correctly. - He had not caught the missing documentation of administration of client #2's divalproex ER, olanzapine, or Trazodone on the November 2021 MAR. 	V 118		