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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		OOWII EETED	
		MHL0601448	B. WING		01/13/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE GAR	NER HOME	6230 DUM	ONT LANE TE, NC 28269			
	I		T	$\dashv$		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was deficiency was cited.	s completed on 1/13/22. A				
	category: 10A NCAC	d for the following service 27G .5600F Supervised mily Living in a Private				
	The survey sample of current client.	onsisted of audits of 1				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs.  (2) Medications shall clients only when aut client's physician.  (3) Medications, incluadministered only by unlicensed persons to the pharmacist or other leprivileged to prepare  (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name;  (B) name, strength, and (C) instructions for according to the contraction of the contraction	istration: n-prescription drugs shall to a client on the written horized by law to prescribe  be self-administered by horized in writing by the  ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be or after administration. The er following:				

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

(X6) DATE TITLE

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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION F CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL0601448	B. WING		0.	1/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
THE GAR	NER HOME		MONT LANE			
		CHARLO	OTTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 1	V 118			
	checks shall be recor	r medication changes or rded and kept with the MAR pointment or consultation				
	for medications chan with the MAR file with consultation with a pl medications were ad written order of a per					
	- Admission date 4/1/ -Age 12; - Diagnoses of Autism Moderate with Accommoderate with Accommoderate with Accommoderate with Accommoderate with Accommoderate Materials and	n Spectrum Disorder: npanying Intellectual eractivity Disorder ADHD) ractive/Impulsive, Intermittent e 11/8/21 Clonidine(ADHD) g), Take ½ tablet by mouth				
	October 2021- Janua - November 2021 MA Clonidine HCL 0.1 m	R indicated they refused the				

Division of Health Service Regulation

STATE FORM 6899 VOSH11 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. Boilbirto.	<del></del>		
		MHL0601448	B. WING		01	/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STATE	E, ZIP CODE		
TUE 040	NED HOME	6230 DUI	MONT LANE			
THE GAR	NER HOME	CHARLO	TTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	18 Continued From page 2		V 118			
	the area for the Cloni - January 1-6, 2022 N Clonidine HCL 0.1 m	dine HCL 0.1 mg; IAR was blank for the				
	a.m. of client #1's me	2 at approximately 10:13 dication revealed: g dispensed 1/3/22 in a				
	Family Living Provide - Client #1 received d to help control Interm - Client #1 was presc on 11/8/21; - Informed legal guard prescribed to client #	ifferent medications monthly ittent Explosive Disorder; ribed Clonidine HCL 0.1 mg dian that Clonidine was 1; uardian not to administer				
	Discussed with treat guardian's decision n Clonidine;     Did not administer tl	tment team about legal ot to administer the ne Clonidine to client #1; had been good since not				
	- Attempted to contact to inform him of the let to administer the Clor - It was hard to get in - No documentation ophysician.	the physician several times egal guardian's decision not nidine to client #1; contact with the physician; of attempts to contact the				
	her lethargic;	l:				

Division of Health Service Regulation

STATE FORM 6899 VOSH11 If continuation sheet 3 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED
		MHL0601448	B. WING		01/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
THE GAR	NER HOME		ONT LANE		
	Т		TE, NC 28269		T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
V 118	Continued From page	e 3	V 118		
V 118	was first administered - AFL made attempts - No documentation of not to administer med - No documentation of physician Responsible for che Interview on 1/10/22 or revealed: - Client #1 was given - Client became jittery - Client #1 stopped ta - Was informed that phave Clonidine HCL (- Instructed AFL not to experience with the - AFL had made sever physician; - The physician had reliable to the composition of the physician.  Attempted Interview of revealed:	d the medication in the past; to contact the physician; of the legal guardian stating dication; of the attempts to contact the acking the MARs.  With the Legal Guardian  Clonidine in the past; while taking the Clonidine; obysician ordered child to 0.1 mg; or administer medication due as medication; and attempts to contact the not contacted the AFL; or get in contact with	V 118		

Division of Health Service Regulation

STATE FORM 6899 VOSH11 If continuation sheet 4 of 4