

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601436	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2022
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NAME OF PROVIDER OR SUPPLIER VERDE CREEK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2012 VERDE CREEK ROAD CHARLOTTE, NC 28214
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on January 31, 2022. Deficiencies were cited.</p> <p>The 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 1 current client.</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	<p style="text-align: center;">RECEIVED FEB 23 2022 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Ursula Phillips BA/QP 2-17-22

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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 interview, record review, and observation, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications and failed to keep the MAR current by recording medication administration immediately following administration affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 1/12/22 and 1/31/22 of Client #1's record revealed: -Admitted 10/23/20; -Diagnosed with Severe Intellectual Developmental Disability, Fracture of the Clavicle, History of Constipation, Traumatic Hematoma, Scoliosis, Wolff-Parkinson-White Syndrome, Seizure Disorder, Anemia; -No physician's order to start Calcium plus Vitamin D (supplement); -No physician's order to start or stop stool softener (bowel function) or Trulance (bowel function); -November, 2021 MAR listed Calcium plus Vitamin D and stool softener on the same line with one signature for both; -December, 2021 MAR listed stool softener on the prn (as needed) medication list with a note that it was administered 12/1/21-12/31/21 but not signed off daily;</p>	V 118	<p>The QP had the AFL to correct the MAR for December 12-1 to 12-31 & ensured it was signed daily.</p> <p>Trulance and the stool softener were given as samples for [redacted] given by the doctor. It has been explained to the doctor & the AFL that a doctor's order must be given for anything given to [redacted]. The doctor will send Med order</p>	
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V 118	<p>Continued From page 2</p> <p>-December, 2021 MAR listed Trulance on the prn medication list with a note that it was administered 12/18/21 - 12/31/21 but not signed off daily;</p> <p>-January, 2022 MAR revealed no administration of stool softener or Trulance.</p> <p>Interview on 1/31/22 with the Alternative Family Living (AFL) Provider revealed:</p> <ul style="list-style-type: none"> -Client #1 no longer uses stool softener or Trulance per the last appointment with the physician in January, 2022 but does not have any documentation regarding the medication changes; -Client #1 now uses ginger ale and apple juice mixed together to stimulate a bowel movement; -Will ensure to have signed copies of all physician's orders present for review in the future. <p>Observation on 1/31/22 at approximately 10:50am of Client #1's medication revealed:</p> <ul style="list-style-type: none"> -No stool softener or Trulance present with the medications. 	V 118	<p>with start & discontinue dates. In January the stool softener or Trulance was administered.</p> <p>The AFL will go back through med administration class again to ensure she understands the importance of documentation on the MAR as well as the importance of having a doctor's med order to match what is given to</p>	
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131	<p>[REDACTED]</p> <p>GP will monitor monthly</p>	

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V 131	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure Health Care Personnel Registry (HCPR) checks were completed prior to an offer of employment affecting 1 of 2 staff (Alternative Family Living Provider). The findings are:</p> <p>Review on 1/12/22 of the Alternative Family Living (AFL) Provider's record revealed: -Hired 6/6/09; -HCPR check was completed on 7/27/09.</p> <p>Interview on 1/12/22 with the Qualified Professional revealed: -Was not aware that the AFL Provider's HCPR check was late and would ensure all checks were completed timely in the future.</p>	V 131	<p>The HR staff that performed the HCPR no longer works for The Kids Workshop. Work We now have a QA/QI that checks to ensure paperwork is accurate & present prior to hiring.</p>	
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment</p>	V 133		

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V 133	<p>Continued From page 4</p> <p>is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information Data bank may conduct on behalf of a provider a State</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the</p>	V 133		

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V 133	Continued From page 6 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or	V 133			

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V 133	Continued From page 7 Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins	V 133		

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V 133	<p>Continued From page 8</p> <p>conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure criminal background checks were requested within five days of an offer of employment affecting 1 of 2 staff (Alternative Family Living Provider). The findings are:</p> <p>Review on 1/12/22 of the Alternative Family Living (AFL) Provider's record revealed: -Hired 6/6/09; -Criminal background check was completed on 7/22/09.</p> <p>Interview on 1/12/22 with the Qualified Professional revealed: -Was not aware that the AFL Provider's criminal background check was late and would ensure all checks were completed timely in the future.</p>	V 133	<p>The HR staff along with the QA/QI will continue to ensure that all documents are collected prior to hiring. The staff in 2009 no longer work for The Kids Workshop.</p>	



CGH RANDOLPH OFC
2015 RANDOLPH RD
SUITE 208
CHARLOTTE NC 28207
Dept: 704-377-4009
Dept Fax: 704-377-7406

February 18, 2022

[Redacted]

2012 Verde Creek
Charlotte NC 28214

To whom it my concern,

Patient [Redacted] was seen in our office on 12/07/2021, at that time patient was instructed to stop the stool softener and start the Trulance samples which was provided at the office visit on 12/07/2021. It is my understanding patient started these samples on 12/18/2021 and finished them on 12/27/2021. A prescription was requested for Trulance on 02/15/2022. Trulance prescription sent to pharmacy for patient to take 1 tablet daily quantity of 30 with 3 refills. Refills are to be requested when this runs out.

Nchimunya Maambo, PA-C

Nchimunya Maambo PA-C

RE: [Redacted]

Encounter Date: 02/14/2022

Letter by Jyothi Paladugu, MD on 2/14/2022

**Novant Health
Endocrinology**
1918 RANDOLPH ROAD,
SUITE 220
CHARLOTTE NC 28207-
1109
Phone: 704-316-1125
Fax: 704-316-1126

February 14, 2022

Patient: [REDACTED]
Date of Birth: [REDACTED]
Date of Visit: 2/14/2022

To Whom It May Concern:

[REDACTED] needs to be on over the counter Calcium plus D - (650 mg + 500
iu) - 1-2 tablets/day.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



Jyothi Paladugu, MD

Medication Administration Report

Client Name: [REDACTED] Record #: [REDACTED] Program: NC Innovations Month/Year: NOV/2021

Med. Name: <u>Rufinamide</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dosage: <u>40MG/ML SOL</u>	7:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK
Instructions: <u>2 Times</u> <u>a day with food or drink.</u> <u>20ML each time.</u>	7:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK

Med. Name: <u>EPIDIOLEX</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dosage: <u>100MG/ML SOL</u>	7:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK
Instructions: <u>2ML SOL</u> <u>by mouth twice</u> <u>a day.</u>	7:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK

Med. Name: <u>LAMOTRIGINE</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dosage: <u>150MG + 25MG</u>	7:30 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK
Instructions: <u>Take both</u> <u>one time 175MG</u> <u>Twice Daily by mouth.</u>	7:30 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK

Med. Name: <u>Calcium Plus Vitamin D3 with stool softener</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dosage: <u>Stool softener</u>	7:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK
Instructions: <u>Stimulant laxative both</u> <u>twice a day</u>	7:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK

* If Variance occurs, indicate code in the appropriate box.
 Codes: A-Absent D/C- Discontinued
 R-Refusal S-School
 W-Work day D-Day Support
 H-Held

Staff administering medications:
 1) Aentyb. kulibrhan SEK
Initials
 Signature _____
 2) _____
 Signature _____ Initials

Medication Administration Report

Client Name: _____ Record #: _____ Program: NC Innovations Month/Year: _____

PRN MEDICATIONS

Medication Name	Date	Time	AM/PM	Dosage Administered	Your Signature

Medication Administration Report

Client Name: [Redacted] Record #: [Redacted] Program: NC Innovations Month/Year: Dec/2021

Med. Name: Lamotrigine
 Dosage: 150MG + 25MG
 Instructions: Take 1 table
each (150MG + 25MG = 175MG) Total twice Daily.

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

Med. Name: EPIDIOLE
 Dosage: 100MG / ML SOL
 Instructions: 2ml SO
by mouth twice a day.

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

Med. Name: Rufinamide
 Dosage: Oral Suspension
 Instructions: 40mg/ml
Twice a day 20ml in morning & night.

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

Med. Name: Calcium
 Dosage: plus Vitamin D₃
 Instructions: take
twice a day.

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

* If Variance occurs, indicate code in the appropriate box.
 Codes: A-Absent D/C- Discontinued
 R-Refusal S-School
 W-Work day D-Day Support
 H-Held

Staff administering medications:

1) [Signature] SEK
 Signature Initials

2) _____
 Signature Initials

Medication Administration Report

Client Name: [REDACTED] Record #: [REDACTED]

Program: NC Innovations

Month/Year: Dec/2021

Medications	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Med. Name: Stool Softener Dosage: Pils Instructions: Stimulant take 1 tablet 50mg per day laxative night time.	8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
Med. Name: Trulance Dosage: 3mg Instructions: take 1 tablet 3mg per day, night time.	8:00 PM																															
Med. Name: Dosage: Instructions:																																
Med. Name: Dosage: Instructions:																																
Med. Name: Dosage: Instructions:																																
Med. Name: Dosage: Instructions:																																

Codes: A-Absent D/C- Discontinued
 R-Refusal S-School
 W-Work day D-Day Support
 H-Hospital

* If Variance occurs, indicate code in the appropriate box.

Staff administering medications:

1) <u>Aenitya Kulubekhan</u> Signature	SEK Initials
2) _____ Signature	_____ Initials

Medication Administration Report

Client Name: [REDACTED]

Record #: [REDACTED]

Program: NC Innovations

Month/Year: JAN/2022

Med. Name: <u>Lamotrigine</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dosage: <u>150MG + 25MG</u>	8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
Instructions: <u>Take 1 tab</u>																																	
<u>each (150MG + 25MG = 175MG Total)</u>	8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
<u>Twice a day.</u>																																	

Med. Name: <u>EPIDIOLE</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dosage: <u>100MG/ML SOL</u>	8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
Instructions: <u>2ml / sol</u>																																	
<u>Twice a day by mouth</u>	8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

Med. Name: <u>Rufinamide</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dosage: <u>Oral suspension</u>	8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
Instructions: <u>40MG/ML</u>																																	
<u>Twice a day 20ml in morning & night</u>	8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

Med. Name: <u>Calcium Plus Vitamin D3</u>	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dosage: <u>take</u>	8:00 AM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	
Instructions: <u>twice a day 1 tab each.</u>																																	
	8:00 PM	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	

* If Variance occurs, indicate code in the appropriate box.
 Codes: A-Absent D/C-Discontinued
 R-Refusal S-School
 W-Work day D-Day Support
 H-Held

Staff administering medications:
 1) Aerthy Kulsarhan SEK
 Signature Initials
 2) _____
 Signature Initials