STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-411	A. BUILDING: _____ B. WING _____	R 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARVEST OF HOPE	2509 LANE STREET DURHAM, NC 27707

(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 An annual and follow-up survey was completed on March 14, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	Continued From page 1 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to: A) Ensure the Medication Administration Record (MAR) was kept current affecting one of three audited clients (#1) and B) Ensure medication was available according to the physician order for one of three audited clients (#2.) The findings are Review on 3/14/22 of Client # 1's record revealed: -Admission date of 1/16/21. -Diagnoses of Schizophrenia; Hypertension; High Cholesterol; Diabetes Mellitus. Review on 3/14/22 of Client #1's physician's order dated 11/30/21 revealed: -Clotrimazole 1 % cream, apply topically twice daily. Observation on 3/14/22 at 10:50 am of Client #1's medication revealed: -Clotrimazole 1 % cream was available. Review on 3/14/22 of Client #1's MAR for January 2022 through March 2022 revealed blanks on the following dates: -February: Clotrimazole 1% cream- 2/1-2/18. Review on 3/14/22 of Client #2's record revealed:	V 118		

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V 118	Continued From page 2	V 118		

-Admission date 2/1/17.
-Diagnosis of Hypertension; Cerebrovascular Accident; Depression; GERD; Enlarged Prostate; Lumbar Spondylosis; Prediabetes.

Review on 3/14/22 of Client #2's physician order revealed:
Order (Fl2) dated 6/17/21 revealed:
Lidocaine 5 % patch, Cut patch to size and apply to area. Leave for 12 hours and off for 12 hours.

Observation on 3/14/21 at 11:25 am of Client #2's medications revealed:
-Lidocaine 5% patch, there was not an up to date box available. Box at facility had expired on 12/2021.

Review on 3/14/22 of Client #2's MARs for January 2022 through March 2022 revealed:
-Medication was marked as given from January 2022 through March 14, 2022.

Interview on 3/14/22 with the Administrator revealed:
-She was not aware that Client #2's Lidocaine patches had expired and a new package was not at the facility.
-She telephoned pharmacist and was informed that the Lidocaine patches would be sent in today.
-Staff at the house were responsible for completing the MAR correctly and for checking for errors.
-Staff at the house were responsible for signing off and checking the client's medications whenever it arrived from the pharmacy.
-She acknowledged that the facility failed to ensure medication was available according to the physician order for one of three audited clients

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V 118	Continued From page 3 (#2); -She acknowledged the facility failed to ensure the Medication Administration Record (MAR) was kept current for client #1 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 3/14/22 at 1:00 pm of Clients #1 and #3's bedroom revealed: -Knobs were missing from the second drawer of the dresser that had the television on top. -Top of the dresser with the television had significant scratches. Observation on 3/14/22 at 1:10 pm of the outside grounds revealed: -Several tiles on the front steps were cracked and parts missing. -Wooden frames on outside of most windows	V 736		

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V 736	Continued From page 4 were rotten. Interview on 3/14/22 with the Administrator revealed: -Agency was responsible for making necessary repairs. -Agency had been doing some recent renovations. -Some of the items noted had already been identified for replacement. -She was not aware that the knobs on the dresser were missing, but she was planning on changing the dresser. -She was not aware that the wood outside around the windows needed to be replaced. -She would have someone come out to the home to do needed repairs. -She confirmed the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.	V 736		