Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R		
MHL043-102		B. WING 02			3/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FREEDO	M CARE SERVICES,	11C#6	OW FORD S N, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	ГS	V 000			
	on July 23, 2022. A This facility is licens category: 10A NCAC 270	ow Up Survey was completed deficiency was cited. sed for the following service 5. 5600A Supervised Living for				
	Adults with Mental Illness This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.					
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 administered; and (E) name or initials of person administering the					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		:D. '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL043-102	B. WING			R 23/2022
	PROVIDER OR SUPPLIER DM CARE SERVICES,	JJ C #6	REET ADDRESS, CIT SHALLOW FOR AMERON, NC 28	D STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests checks shall be rec	ge 1 for medication changes orded and kept with the appointment or consulta	MAR			
	failed to assure the 3 clients (#1-#3). The A. Review on 02/22 revealed: - Admitted: 6/4/1 - Diagnoses: Schedeficiency - FL-2 dated 4/30 Depakote 250n Release (DR) take morning (Schizophic Depakote 500n Vitamin D3 200 one tab daily (Vitam Risperdal 1mg (Schizophrenia) Review on 02/22/22 2021-February 202 medications not initition - December: No documental listed above - January:	view and interview the findal MAR was kept current the findings are: 2/22 of client #1's record 8 nizophrenia and Vitamin 0/21 listed the following: ng (milligram) Delayed one tablet (tab) every renia) ng DR take one tab at no IU (International Unit)	record D ight take			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I DAY OF CONTROL OF THE PROPERTY.		A. BUILDING:				
MHL043-102		B. WING			R 02/23/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FREEDO	M CARE SERVICES,	11C#6	OW FORD 9 N, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETE DATE
V 118	on the 5th, 8th, 13th Depakote 500n 17th and 24th February: Depakote 250n Depakote 500n 14th-20th Risperdal and N 15th, 16th, 18th, 19 B. Review on 02/22 revealed: Admitted: 12/9/ Diagnoses: Scl FL-2 dated 12/3 Valporic Acid 29 a day (Schizophren Cogentin 1 mg (Schizophrenia) Diovan 160mg (Hypertension) Protonix 20 mg (Gastroesophageal Lipitor 40 mg ta Apresoline 50 r and one tab at bedi Prolixin 2.5mg 10mg for 12.5mg to Prolixin 10mg to 2.5mg for a 12.5mg Thorazine 25m (Schizophrenia) Review on 02/22/22 2021-January 2022 medications not initi-December Lipitor & Protor	th, 18th and 25th ang on the 4th, 9th, 12th, 14th, ang on the 3rd and 5th-7th ang on the 2nd, 4th-8th and Vitamin D on the 3rd, 5th-8th, and 21st 2/22 of client #3's record record 21 aizophrenia 3/21 listed the following: 50mg take 2 teaspoons twice aia) take one tab twice a day take one tab daily Reflux Disease) ake one tab daily (Cholesterol) ang take 1 & 1/2 in the morning time (Hypertension) take one tab twice a day with otal (Schizophrenia) ake one tab twice a day with	V 118			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
AND I EAR OF CONNECTION IDENTIFIC		IDENTIFICATION NOMBER.	A. BUILDING:		COIVII	LLTLD		
MHL043-102		B. WING			R 23/2022			
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE				
	34 SHALLOW FORD STREET							
FREEDO	M CARE SERVICES,	CAMERO	N, NC 28326	3				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE	RECTION	(X5)		
PRÉFIX TAG	,	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLÉTE DATE		
V 118	Continued From page 3		V 118					
	18th, ,25th and at 8 15th, 17th, 24th and Lipitor on the 9 and 26th Apresoline at 8 25th and at 8 PM o 17th, 24th and 26th Prolixin at 8 AM and at 8 PM on the	t 8AM on the 5th, 13th, 14th, 3 PM on the 9th, 12th, 14th, d 26th th, 12th, 14th, 15th, 17th, 24th AM on the 5th, 13th, 18th, n the 9th, 11th, 14th, 15th, 10th on the 5th, 13th, 18th, 25th 9th, 12th, 14th, 15th and 17th ix, Norvasc & Thorazine on the						
	C. Review on 02/22/22 of client #5's record revealed: - Admitted: 6/21/19 - Diagnoses: Diabetes Type 2, Hypertension, Chronic Obstructive Pulmonary Disorder, Schizophrenia, Personality Disorder and Hyperlipidemia - FL-2 dated 11/8/21 listed the following: Ferrous Sulfate 45mg take two tabs daily (Iron Deficiency) Trazadone 150mg take two tabs every night (Insomnia) Pravastatin Sodium 10 mg take one tab daily (Cholesterol) Risperdal 4mg take one tab twice a day (Schizophrenia) Ditropan XL 5 mg take one tab daily (Overactive Bladder) Zestril 20mg take one tab daily (Hypertension) Fluoxetine HCL 20 mg take one tab daily (Psychiatric Disorders) Depakote SOD DR 500 mg take one tab twice a day (Seizure)							

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		_	,
MHL043-102		B. WING		R 02/23/2022		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FREEDO	M CARE SERVICES,	11C#6	OW FORD S			
		CAMERO	N, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page 4		V 118			
	Aspirin 81mg take one tab daily (Heart Health) Norvasc 10 mg take one tab daily (Hypertension) Review on 02/22/22 of client #5's December 2021-February 2022 MARs listed blanks as medications not initialed as administered: -December Pravastatin Sodium & Trazadone on the 30th Fluoxetine, Zestril, Ditropan & Ferrous Sulfate on the 31st Cogentin, Depakote, Risperdal at 8 PM on the 30th and 8 AM on the 31st -January Norvasc, Aspirin, Fluoxetine, Zestril, Metoprolol, Ditropan, Ferrous Sulfate & Multivitamin on the 5th, 8th, 18th and 25th Pravastatin Sodium on the 9th, 12th, 14th, 17th and 24th Cogentin, Depakote & Risperdal at 8 AM on the 5th, 8th, 18th, 25th and 8 PM on the 9th, 12th, 14th, 17th as well as the 24th -February Ferrous Sulfate on the 3rd, 5th-8th, 13th, 14th,18th and 19th Pravastatin Sodium on the 2nd, 4th-8th and 14th-20th Depakote & Risperdal at 8 AM on the 3rd, 5th-8th, 15th, 16th, 18th, 19th, 21th and at 8 PM on the 2nd, 4th-8th as well as the 14th-20th Multivitamin, Metoprolol & Ditropan on the 3rd, 5th-8th, 15th, 16th, 18th, 19th and 21st Interviews between 2/22/22 and 2/23/22 the Qualified Professional reported: - Agency utilized an electronic system for medication administration records					

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She suspected the blanks on the MAR were

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		MHL043-102	B. WING			R 23/2022
	PROVIDER OR SUPPLIER DM CARE SERVICES,	LLC#6 34 SHALL	DRESS, CITY, S LOW FORD S N, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	a result of the comp to poor internet ser - She needed to managed the electr pharmacy to track of - She did not have	buter system being off line due vice. contact the company that ronic system and the down the concern. ye a back up system such as a month incase of computer	V 118			

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