Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING MHL043-102 02/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 34 SHALLOW FORD STREET FREEDOM CARE SERVICES, LLC #6 CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) has developed V 000 V 000 INITIAL COMMENTS abackup 848tm An Annual and Follow Up Survey was completed when the softwere on July 23, 2022. A deficiency was cited. This facility is licensed for the following service category: MARS are printed Further month of the 10A NCAC 27G. 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. System 15 dans V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall reds. ap will only be administered to a client on the written order of a person authorized by law to prescribe also checkthe (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 e System I Swerkin 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; own contact tech (D) date and time the drug is administered; and (E) name or initials of person administering the Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM



If continuation sheet 1 of 6

ON JULY 23, ZUZZ. A UPILIERICY Was Cited. for Emars are off line mars are printed for the month of the beginning of the month in case the System is down This facility is licensed for the following service 10A NCAC 27G. 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 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall reds. ap will only be administered to a client on the written order of a person authorized by law to prescribe also creckthe
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(E) name or initials of person administering the Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

recorded immediately after administration. The

(B) name, strength, and quantity of the drug;

(C) instructions for administering the drug; (D) date and time the drug is administered; and

MAR is to include the following:

(A) client's name;

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(X6) DATE

STATE FORM

If continuation sheet 1 of 6

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL04		3-102	B. WING		R 02/23/2022		
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V 118	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 118	Support and document the clothes technology	OULD BE COMPLETE PATE DATE		
	listed above - January:		for all medications I and Vitamin D				

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ B. WING\_ 02/23/2022 MHL043-102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 34 SHALLOW FORD STREET FREEDOM CARE SERVICES, LLC #6 CAMERON, NC 28326 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 2 on the 5th, 8th, 13th, 18th and 25th Depakote 500mg on the 4th, 9th, 12th, 14th, 17th and 24th February: Depakote 250mg on the 3rd and 5th-7th Depakote 500mg on the 2nd, 4th-8th and 14th-20th Risperdal and Vitamin D on the 3rd, 5th-8th, 15th, 16th, 18th, 19th and 21st B. Review on 02/22/22 of client #3's record record revealed: Admitted: 12/9/21 Diagnoses: Schizophrenia FL-2 dated 12/3/21 listed the following: Valporic Acid 250mg take 2 teaspoons twice a day (Schizophrenia) Cogentin 1 mg take one tab twice a day (Schizophrenia) Diovan 160mg take one tab daily (Hypertension) Protonix 20 mg take one tab daily (Gastroesophageal Reflux Disease) Lipitor 40 mg take one tab daily (Cholesterol) Apresoline 50 mg take 1 & 1/2 in the morning and one tab at bedtime (Hypertension) Prolixin 2.5mg take one tab twice a day with 10mg for 12.5mg total (Schizophrenia) Prolixin 10mg take one tab twice a day with 2.5mg for a 12.5mg total Thorazine 25mg take one tab daily (Schizophrenia) Review on 02/22/22 of client #3's December 2021-January 2022 MARs listed blanks as medications not initialed as administered: -December Lipitor & Protonix at 8 PM on the 30th Norvasc, Thorazine & Diovan on the 31st Prolixin, Apresoline & Cogentin at 8 PM on

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ R B. WING 02/23/2022 MHL043-102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 34 SHALLOW FORD STREET FREEDOM CARE SERVICES, LLC #6 CAMERON, NC 28326 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 the 30th and 8 AM on the-31st -January Valporic Acid at 8AM on the 5th, 13th, 14th, 18th, ,25th and at 8 PM on the 9th, 12th, 14th, 15th, 17th, 24th and 26th Lipitor on the 9th, 12th, 14th, 15th, 17th, 24th and 26th Apresoline at 8 AM on the 5th, 13th, 18th, 25th and at 8 PM on the 9th, 11th, 14th, 15th, 17th, 24th and 26th Prolixin at 8 AM on the 5th, 13th, 18th, 25th and at 8 PM on the 9th, 12th, 14th, 15th and 17th Diovan, Protonix, Norvasc & Thorazine on the 5th, 13th, 18th and 25th 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) Cogentin 1 mg take one tab twice a day

Division of Health Service Regulation

PW7D11

PRINTED: 04/10/2022 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R 02/23/2022 MHL043-102 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 34 SHALLOW FORD STREET FREEDOM CARE SERVICES, LLC #6 CAMERON, NC 28326 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 4 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

**PW7D11** 

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R 02/23/2022 MHL043-102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 34 SHALLOW FORD STREET FREEDOM CARE SERVICES, LLC #6 CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 5 a result of the computer system being off line due to poor internet service. She needed to contact the company that managed the electronic system and the pharmacy to track down the concern. She did not have a back up system such as a printed MAR for the month incase of computer issues or emergency.

Division of Health Service Regulation STATE FORM