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		
	MHL052-012	B. WING		R 05/1 1	1/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
QUALITY-CARE BEHAVIORAL HEALTH II MAYSVILLE, NC 28555						
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS						
This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
census of 2. The su	urvey sample consisted of					
V 118 27G .0209 (C) Medication Requirements						
REQUIREMENTS (c) Medication admit (1) Prescription or nonly be administered order of a person and drugs. (2) Medications shad clients only when a client's physician. (3) Medications, incommentation administered only bunlicensed persons or other privileged to prepare (4) A Medication Administer current. Medication Administer current. Medications and for a (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe Ill be self-administered by uthorized in writing by the luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administered; and					
C TOLING	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS NITIAL COMMENT An annual and follow on May 11, 2022. A This facility is licens category: 10A NCA Living for Alternative This facility is licens category: 10A NCA Living for Alternative This facility is licens category: 10A NCA Living for Alternative This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candits of 2 current of This facility is licens candital of 2 current of This facility is licens candital of 2 current of This facility is licens candital of 2 current of This facility is licens candital of 2 current of This facility is licens candital of 2 current of This facility is licens candital of 2 current This facility is licens category: 10A NCA This facility i	CARE BEHAVIORAL HEALTH II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS An annual and follow up survey was completed on May 11, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. 27G .0209 (C) Medication Requirements (a) NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication administration: (c) Medication administration: (d) Prescription or non-prescription drugs shall borly be administered to a client on the written order of a person authorized by law to prescribe drugs. (e) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (a) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, obarmacist 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: (b) client's name; (c) instructions for administering the drug; (d) date and time the drug is administered; and feel name or initials of person administering the	CARE BEHAVIORAL HEALTH II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) An annual and follow up survey was completed on May 11, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: 11) 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 clients only when authorized in writing by the clients only by licensed persons, or by unlicensed persons trained by a registered nurse, charmacist or other legally qualified person and orivileged to prepare and administer medications. 4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept surrent. Medications administere medications. 4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept surrent. Medications administered shall be recorded immediately after administeration. 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 fe) name or initials of person administering the	STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS An annual and follow up survey was completed on May 11, 2022. A deficiency was cited. This facility is licensed for the following service alteyory: 10A NCAC 27G. 5500F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a bensus of 2. The survey sample consisted of audits of 2 current clients. 27G. 0209 (C) Medication Requirements V 118 10A NCAC 27G. 0209 MEDICATION REQUIREMENTS o) 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 elient's physician. 3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, obsarmacist or other legally qualified person and privileged to prepare and administer medications. 4) A Medication Administration Record (MAR) of all drugs 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	MHL052-012 STREET ADDRESS, CITY, STATE, ZIP CODE	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	
		MHL052-012	B. WI	NG			R 11/2022	
NAME OF I	PROVIDER OR SUPPLIER	Sī	REET ADDRESS	, CITY, S	TATE, ZIP CODE			
QUALITY	Y-CARE BEHAVIORAL	HFAITH II)1 FOURTH S' AYSVILLE, NO		5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUI BC IDENTIFYING INFORMATIO	L PR	ID EFIX AG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118 Continued From page 1		ge 1 for medication changes	or V 1	18				
	checks shall be rec	orded and kept with the appointment or consulta	MAR					
	This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to keep the MARs current for 1 of 2 current clients (#1). The findings are:							
	- 22 year old male a - Diagnoses include with accompanying Schizoaffective Dis- Deficit Hyperactivity presentation; and P - "[client #1] Medica signed by the Famil (FNP-C) included "I to treat nasal conge (micrograms)/INH (ed Autism Spectrum Dis- intellectual impairment order, unspecified; Atter or Disorder, combined ersistent Motor Tic Disortion List" dated 4/13/22 by Nurse Practitioner-Ce Fluticasone Propionate	sorder ntion order. and ertified (used					
	2022 - May 2022 re fluticasone 50 mcg	of client #1's MARs for vealed transcription for 1 spray each nostril date the medication was						
	medications on har	1/22 at 10:40 am of clie d revealed fluticasone nostril as needed" disp	50 mcg					

Division of Health Service Regulation

STATE FORM 8FOX11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
	MHL052-012			B. WING			R 05/11/2022	
	PROVIDER OR SUPPLIER Y-CARE BEHAVIORAL	. HEALTH II	301 FOUR	DRESS, CITY, S RTH STREET LE, NC 2855				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa 4/28/22. During interview on took his medication During interview on Professional/Direct - Client #1's fluticas everyday; "he just o - At the medical pro- lists of the clients' n medical providers s the clients had their - The medical provi medication lists for - New prescriptions the pharmacy by th not receive a copy of from the pharmacy.	5/10/22 client s daily with sta 5/11/22 the Quarted: sone was given loes what he doviders' requesting and date the annual physic ders did not alwaccuracy. were typically e doctors' officunless she req	off assistance. ualified to him oes." t, she compiled d had the ne lists when hal exams. ways review the sent straight to e and she did	V 118				

6899

Division of Health Service Regulation STATE FORM

8FOX11 If continuation sheet 3 of 3