Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		mhl0601463	B. WING		R 04/29/2022			
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E, ZIP CODE	T 04/20/2022			
	425 THREE GREEN DRIVE							
SHEP EL	HOME	HUNTERS	SVILLE, NC 2807	8				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	An annual survey was deficiency was cited.	s completed on 4/29/22. A						
	category: 10A NCAC	d for the following service 27G .5600F Supervised mily Living in a Private						
		d for 3 and currently has a rey sample consisted of nt.						
V 118	27G .0209 (C) Medica	ation Requirements	V 118					
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons transmistered to the privileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the	istration: n-prescription drugs shall to a client on the written chorized by law to prescribe be self-administered by chorized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. clinistration Record (MAR) of d to each client must be kept administered shall be or after administration. The following:						

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

(X6) DATE TITLE

Division of Health Service Regulation

, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		mhl0601463	B. WING		04/29	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		-
			E GREEN DRIV			
SHEP EL	HOME		SVILLE, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests for checks shall be record	e 1 medication changes or ded and kept with the MAR pointment or consultation	V 118			
	written order of a pers	ew, observation and				
	revealed: - Admission date 10-1 - Diagnoses Mild Intel Disorder, Oppositiona	llectual Developmental Il Defiant Disorder, Mood r Specified (NOS), Seizures,				
	medications revealed - Atomoxetine (Attenti Disorder) HCL 80 mill oral every morning; - Benztropine (anti-tre mouth 2 times a day; - Cetirizine(allergy) H mouth at bedtime;	ion Deficit Hyperactivity igrams (mg) take 1 capsule emor) 1mg take 1 tablet by CL 10mg take 1 tablet by e(mood) 400mg take 1&1/2				

Division of Health Service Regulation

STATE FORM 6899 6UNS11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED	
		mhl0601463	B. WING		R 04/29/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SHEP EL	HOME	425 THRE	E GREEN DRIV	Æ		
JIILF EL	TOWLE	HUNTERS	VILLE, NC 280	078		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 2		V 118			
	- Trazodone (Depress tablets oral each nigh - Oxcarbazepine(Seiz oral 2 times a day;	sion) HCL 100mg take 2 It at bedtime; zures) 300mg take 1 tablet re log form with the labels of				
	Review on 4/28/22 of client #1's MAR from February 2022- April 2022 revealed all above listed medications documented as administered with no physicians' order. Interview on 4/28/22 with client #1 revealed: - Received medications daily.					
	Interview on 4/28/22 with the Alternative Family Living (AFL) Provider revealed: - "I thought this form (prescription signature log) was the physicians orders."; - Will contact the qualified professional to get the physicians orders.					
	the medication record	l: e no physicians' orders for				

Division of Health Service Regulation

STATE FORM 6899 6UNS11 If continuation sheet 3 of 3