

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-137 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/06/2022 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER A STEP FORWARD | STREET ADDRESS, CITY, STATE, ZIP CODE 405 CREST ROAD EAST FLAT ROCK, NC 28726 |
|---|---|

| (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 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 6, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for two beds and currently has a census of two. The survey sample consisted of two current clients.</p> | V 000 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> | V 118 | | |

| | | |
|--|-------|-----------|
| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--|-------|-----------|

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-137 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/06/2022 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER A STEP FORWARD | STREET ADDRESS, CITY, STATE, ZIP CODE 405 CREST ROAD EAST FLAT ROCK, NC 28726 |
|---|---|

| (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 118 | <p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to keep the MARs of all drugs administered current and that medications were recorded immediately after administration affecting 2 of 2 audited clients (Client#1 and Client#2). The findings are:</p> <p>Review on 5/5/22 of Client #1's record revealed: -Admitted: 7/1/2017 -Diagnoses: Mild Intellectual Disability (IDD) and history of Malignant Neoplasm of the Breast</p> <p>Review on 5/5/22 of physician orders dated 3/22/22 for Client #1 revealed: -Aspirin 81milligrams, (preventative) take one every day, (QD) dated 3/22/22.</p> <p>Review on 5/5/22 of Client #1's Electronic MARs from March 2022 to May 2022 revealed: -the following dates: 4/8/22, 4/20/22, and 4/30/22, were missing initials that Aspirin had been administered.</p> <p>Review on 5/6/22 of Client #2's record revealed: -Admission: 4/10/19 -Diagnoses: Mild Intellectual Disability (IDD), Tuberous Sclerosis, Partial Complex Seizures, and history of Chronic Kidney Disease</p> | V 118 | | |

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-137 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/06/2022 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER A STEP FORWARD | STREET ADDRESS, CITY, STATE, ZIP CODE 405 CREST ROAD EAST FLAT ROCK, NC 28726 |
|---|---|

| (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 118 | <p>Continued From page 2</p> <p>Review on 5/6/22 of physician orders dated 4/11/19 for Client #2 revealed: -Carbamazepine Extended Release (ER), 300 milligrams (mg), (seizures), take two capsules, twice a day; -Lisinopril 20mg, (blood pressure), take one tablet, every day (QD); -Amlodipine 10mg, (blood pressure), take one tablet, QD.</p> <p>Review on 5/5/22 of Client #2's Electronic MARS from March 2022 to May 2022 revealed: -4/30/22 were missing initials that all three medications had been administered; -5/5/22 there were no initials indicating that the 8am scheduled dose of Amlodipine and Carbamazepine had been administered.</p> <p>Interview on 5/5/222 with Client #1 revealed: -she takes medication every day, no problem.</p> <p>Interview on 5/6/22 with Client #2 revealed: -he takes medication every day, no problem.</p> <p>Interview on 5/5/22 with AFL Provider #1 revealed: -on 4/30/22 the provider and clients were out of town and had difficulty getting the phone application to work when trying to initial the MARS; -she initials client MARS for the day, in the evening.</p> <p>Interview on 5/6/22 with Qualified Professional #1 revealed: -she will start checking the MARs as part of her data review to ensure documentation.</p> | V 118 | | |