STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-164	A. BUILDING: _____ B. WING _____	R 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WITH A PURPOSE FAMILY CARE #1	2204 LOVICK ROAD DOVER, NC 28526

(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	INITIAL COMMENTS An annual and follow up survey was completed on May 19, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 drug.	V 118		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MARs current affecting one of two clients (#2). The findings are: Review on 05/18/22 of client #2's record revealed: - 66 year old male. - Admission date of 02/01/12. - Diagnoses of Schizophrenia-Paranoid Type, Alcohol Abuse, Mild Intellectual Developmental Disability and High Cholesterol. Review on 05/18/22 of client #2's signed physician order dated 04/28/22 revealed: - Hydrochlorothiazide (treats high blood pressure) 12.5 milligrams (mg) - take one tablet daily. Review on 05/18/22 of client #2's April 2022 and May 2022 MARs revealed no transcribed entry for Hydrochlorothiazide and no staff initials to indicate the medication was administered as ordered. Interview on 05/18/22 the Qualified Professional stated: - The pharmacy had not put the order for Hydrochlorothiazide on the May 2022 MAR. - She would contact the pharmacy to ensure the	V 118		

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V 118	Continued From page 2 Hydrochlorothiazide was added to the current MAR. Due to the failure to accurately document medication administration it could not be determined if the client received their medications as ordered by the physician.	V 118		