Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL012-147	B. WING		07/1	3/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-		
SALEM ALTERNATIVE FAMILY LIVING 4840 JENKINS ROAD MORGANTON, NC 28655							
0.0.15	CLIMANA DV CTA		1	PROVIDER'S PLAN OF CORRECT	ION	()/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS			V 000				
	An annual survey w 2022. Deficiencies	vas completed on July 13, were cited.					
		sed for 2 and currently has a urvey sample consisted of clients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person andrugs. (2) Medications shat clients only when and client's physician. (3) Medications, included and individual statement only builties only builties only builties on the privileged to prepare (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, a legally qualified person and a and administer medications. Iministration Record (MAR) of a to each client must be kept a sadministered shall be ely after administration. The					
	(C) instructions for (D) date and time the	administering the drug; ne drug is administered; and of person administering the					

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

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL012-147	B. WING		07/	13/2022
	PROVIDER OR SUPPLIER ALTERNATIVE FAMIL	Y LIVING 4840 JE	DDRESS, CITY, S' NKINS ROAD NTON, NC 286	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests checks shall be rec	ige 1 for medication changes or corded and kept with the MAR appointment or consultation	V 118			
	failed to ensure me written by the physi (Client #1). The find Review on 7/13/22 -Date of Admission	view and interview, the facility dication was administered as cian for 1 of 2 audited clients dings are: of Client #1's record revealed:				
	#1 revealed: -An order dated 2/5 topical solution to b and removed with a fungal infections). Review on 7/13/22 Administration Reco	of physician orders for Client 5/22 for Penlac (ciclopirox) 8 % e applied to each toenail daily alcohol pad weekly (treats of Client #1's Medication ords (MAR's) for May 2022				
	Interview on 7/13/2He misread the lab solution.	revealed: 8% topical solution was en weekly instead of daily. 2 with Staff #2 revealed: bel on the Penlac topical alified Professional (QP) of the	9			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL012-147	B. WING		07 <i>l</i>	13/2022	
NAME OF PROVIDER OR SUPPLIER SALEM ALTERNATIVE FAMILY LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 4840 JENKINS ROAD MORGANTON, NC 28655							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 118	errorThe QP informed harmonthHe was going to cale inform him of the erange of the felt bad for make the	nim that the pharmacy could orms for the clients each all Client #1's provider and fror. Aing a mistake. 2 with the QP revealed: At MAR's each month to make ses were not being missed. Frote the medications on the se, but now we will have them harmacy" The eview all client medications that #2 every month. 2 with a local pharmacist own harmful side effects from enlac (ciclopirox) solution. But the pharmacy will be and the pharmacy would clear up on its own and at other times a fungus will	V 118				

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