Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
			A. BUILDING:	<del></del>			
		MHL065-221	B. WING	<u> </u>	07/1	1/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
KERR HOUSE 514 OLIVE WILMING			E STREET TON, NC 28	401			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	S	V 000				
	An annual survey w 2022. Deficiencies	ras completed on July 11, were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 6 and currently has a urvey sample consisted of clients.					
V 118 27G .0209 (C) Medication Requirements		V 118					
	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						

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
711012711	or contraction	BERTH TO WHOM HOMBER.	A. BUILDING:			
		MHL065-221	B. WING	<u></u>	07/1	1/2022
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V 118	(5) Client requests checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	Based on record re interview, the facilit medications as ord maintain an accura audited (clients #3,	view, observation, and y failed to administer ered by the physician, and te MAR affecting 2 of 3 clients #4). The findings are:				
	-31 year old male a -Diagnoses include	d moderate intellectual order, autism spectrum				
	2022-July 2022 MA -Order dated 12/13 Propranolol 10 mg scheduled at 8 am, (tachycardia) -4/15/22 8 pm dose been documentedOrder dated 12/13 nasal spray 0.65% needed for a stuffy -Deep Sea nasal sp as administered twi 7/1/22 and 7/6/22.	/21 and 4/20/22 for (milligrams) 3 times daily, 3:30 pm, and 8 pm. e of Propranolol 10 mg had not /21 and 4/20/22 for Deep Sea, 2 sprays in each nostril as				

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V 118	Continued From pa	ge 2	V 118				
	always had his med Finding #2: Review on 7/8/22 o -29 year old female	ons. his medications and they dications.  f client #4's record revealed:					
		order, Down Syndrome,					
	2022-July 2022 MA -Order dated 2/3/22 Capsule daily. (dige -Probiotic-Prebiotic documented daily ir -Order dated 4/25/2 twice into each nos (allergy symptoms)	2 for Probiotic-Prebiotic, 1 estive health) , scheduled at 8 am, had been n June and July 2022. 22 for Flonase nasal spray tril daily in the morning. ay was not documented					
	at 11:26 am revealed -There was no Problem -Other routine med in bubble packs, dis 6/21/227 or 8 doses had bubble -There was no Problem -There was no P	nt #4's medications on 7/8/22 ed: biotic-Prebiotic on hand. ications had been dispensed spense dates either 6/16/22 or been removed from the other and for routine medications.					
	Unable to interview medications on 7/7, disability and comm	/22 due to her intellectual					
	Interview on 7/8/22	the Home Manager stated:					

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-Client #4's Probiotic-Prebiotic had not been

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			TON, NC 28			
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V 118	Continued From page	ge 3	V 118			
	delivered by the pha-Typically the medic would be started on monthIt was possible the July MAR and not renot on hand to be g-No one had reported client #4 did not have Due to the failure to medication administ determined if clients as ordered by the p	sations received in the "batch" the first of the following staff had signed client #4's ealized the medication was iven.  ed to the Home Manager that we her Probiotic-Prebiotic.  accurately document tration it could not be a received their medications hysician.				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall be odor.  This Rule is not me Based on observations and orderly manner  Observations on 7/7 between 12:15 pm a-Dead bug/dust/dirt entry porch light and	et as evidenced by: on and interview, the facility in a safe, clean, attractive . The findings are: 7/22 at 3:38 pm and on 7/8/22 and 2:00 pm revealed: debris clinging to the front	V 736			

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V 736	Continued From pa	ge 4	V 736			
	utensil drawer in kit -Paint worn from wa on entry into the kite -Bathroom in client ceiling approximate overhead fan was n globe discolored da -Client #4's room: on on crown molding a lengthWater stain on hall inches by 18 inches staining, about 3 inc ceiling lightLaundry room: smal light socket, connec and to one's right or dangling with wires deviceDoor over the attic covered with stains Interview on 7/8/22 -The water stains or leaks from the air or -There were leaks a and recent leaks ha -No one knew what room.	chen. all above trashcan to the right chen. #5's room: Water stain on ally 3 feet in diameter. Light in not operable. Light fixture ark gray. Several areas of discoloration approximately 12 inches in a ceiling approximately 24 in size. A smaller area of ches by 5 inches next to hall all device, about the size of a ceted into the wall near ceiling in entry. The device was exposed. No cover over the access in hallway was the size of hand prints.  the Home Manager stated: In the ceiling were caused by onditioner in the attic space, and stains from a year ago, and increased the staining. It the device was in the laundry appears and make sure the cabinets				

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