

PRINTED: 07/20/2022  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2022</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>OLD FARM HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1610 FARMGATE ROAD KINSTON, NC 28504</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 8, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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 *[Signature]* TITLE *CEO/manager* (X6) DATE *7/28/2022*

STATE FORM

6889 HZPR11

If continuation sheet 1 of 3



PRINTED: 07/20/2022  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>OLD FARM HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1610 FARMGATE ROAD KINSTON, NC 28504</b>		
(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	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 review and interviews, the facility failed to ensure medications were self-administered by a client only when authorized in writing by the client's physician for 1 of 3 audited clients (#4). The findings are:  Review on 4/7/22 and 7/8/22 of client #4's record revealed: -55 year old male. -Admitted on 7/1/04. -Diagnoses of Mild Intellectual Disability, Cerebral Palsy, Depressive Disorder and Irritable Bowel Syndrome. -No evidence of a self-administer order for client #4.  Review on 7/8/22 of signed physician orders dated 2/22/22 revealed: -"Findings Doing well, mood improving, no recent hx (history) of alarming behaviors, depression better...c/w (continue with) sertraline 300 mg (milligram) daily, Buspirone 30 mg BID (twice daily)." -"Orders Sertraline 300 mg daily #180 days Buspirone 30 mg BID #45 days." -No evidence of an order to self-administer medications.	V 118	Copy of original physician's order authorizing self-administration of medications will be filed in group home MAR chart as well as in master chart at corporate office medical records. QP and/or GHM will monitor annually to ensure physician reviews at least annually.	8/1/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**OLD FARM HOME**

**1510 FARMGATE ROAD  
KINSTON, NC 28504**

(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 4/7/22 and 7/8/22 of MARs from January 2022 - March 2022 revealed: -Sertraline 300 mg and Buspirone 30 mg were "not given by facility..."</p> <p>Interview on 7/8/22 client #4 stated: -He lived at the home for a "long time." -He had self-administered his Zoloft and Buspirone. -Staff administered his other medications. -He received his medications daily.</p> <p>Interview on 7/8/22 the Group Home Manager (GHM) stated: -Client #4 was the only client who self-administered medications. -She was not aware of an order for client #4 to self-administer his medications. -She had been the GHM about 4 years and had never seen an order to for client #4 to self-administer. -She would follow up with client #4's provider about client #4's administering his own medications.</p> <p>Interview on 7/8/22 the Qualified Professional stated: -He was responsible for reviewing medications and MARs.</p>	V 118		

Corporate Office  
PO Box 10946  
Goldsboro, NC 27532  
Phone: (919) 778-1506  
Fax: (919) 778-1535  
Toll Free: 1-888-838-3096



# Fax

**To:** MH Lic. And Cert Section/ NC DHSR      **From:** Melinda Gardner

---

**Fax:** 919-715-8078      **Pages:** 4 (including cover page)

---

**Phone:** 919-778-1506 ext. 1005      **Date:** 7/28/22

---

**Re:** POC for Old Farm Group Home      **CC:**

- Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

**CONFIDENTIALITY NOTICE**

The document accompanying this fax contains information belonging to the sender that is legally privileged. The information is intended for the name of the individual or entry named above. If you are not the intended recipient and receive this information in error, please notify us by calling the toll free number above to arrange the return of the original faxed documents.

**Message:**

---



---



---



---



---



---



---