

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 7</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 SHAMROCK DRIVE SALISBURY, NC 28144</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 6/27/22. 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 5. The survey sample consisted of 3 current clients.</p>	V 000	<p><i>See attached</i></p>	
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  
*[Signature]*

(X6) DATE

*7-20-22*

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**Cabarrus County Group Homes**

288 Aviation Drive  
China Grove, NC 28083  
(704)855-0004

Plan of Correction for DHSR survey completed on 6/27/22

For: Cabarrus County Group Home#7

MHL#: 080-166

V118 Medication Administration

CCGH will ensure all medications are documented when administered, MARs will be complete with no blanks on the form without an explanation, all medications will have signed doctors' orders and all self administered medications will be monitored for compliance. The following steps will be taken to ensure the above happens:

- MARs will be monitored and reviewed by the Administrative Assistant and/or QP for compliance monthly.
- Staff will re-take Medication Administration training to ensure staff competency in this area.
- Client self-administered medications will be checked weekly by staff to ensure client is complying with instructions for medication dosing. Any issues with client self administration will be reported by the staff to the QP and the Administrative Assistant for re-evaluation of client ability to self-administer. Staff will also ensure all self-administered medications are on-site and available for client to take. Administrative Assistant and/or QP will monitor for compliance.
- All medications administered will have signed physicians' orders in addition to any hospital visit/discharge summaries for clients.



**Ginger Pope**

**CCGH Administrator**