Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			71. 501251110.					
		MHL092-735	B. WING		06/3	0/2022		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
CLORA'S	CLORA'S ANGELS HOME 7205 JONATHAN DRIVE WENDELL, NC 27591							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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 COMMENTS		V 000					
V 118	on June 30, 2022. This facility is licens category/category: Supervised Living f This facility is licens census of 2. The su audits of 2 current of 27G .0209 (C) Med 10A NCAC 27G .02	ication Requirements	V 118					
	REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications shad clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th	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, regally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COIVIE	LETED	
		MHL092-735	B. WING		06/3	0/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	DRESS, CITY, STATE, ZIP CODE			
			NATHAN DRIV				
CLORA'	S ANGELS HOME		L, NC 27591				
(V4) ID	SLIMMARY STA		ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)	
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	D BE COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
				BELLOCITY			
V 118	Continued From page 1		V 118				
	(5) Client requests for medication changes or						
		orded and kept with the MAR					
		appointment or consultation					
	with a physician.	•					
	This Rule is not me	et as evidenced by:					
	Based on observation, record review and interview the facility failed to assure medications were administered as prescribed for one of two clients (#1). The findings are:						
	Daview at 6/00/00 of disease #415 massed massed at						
	Review on 6/29/22 of client #1's record revealed: - Admitted: 2012 - Diagnoses: Severe Intellectual Developmental Disability (IDD), Seizure Disorder,						
	Chromosomal Dele						
	- Physician's ord	er dated 6/6/22 listed					
		3 milligram (mg) one tablet					
	(tab) in the morning						
		1mg one tab in the morning					
	dosage.	erdal 3mg one tab at night					
		R reflected initials for the					
		3mg one tab twice a day					
	,	,					
		9/22 at 12:55 PM of client #1's					
		iged Risperdal medication					
	label from the phari						
	- Risperdal 3mg	one tab twice a day.					
	Interview on 6/20/2	2 the Licensee reported:					
		the physician to decrease					
		al as client seemed overly					
	medicated.	a de short doctriod overry					

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092-735	B. WING		06/3	0/2022	
NAME OF PROVIDER OR SUPPLIER CLORA'S ANGELS HOME STREET ADDRESS, CITY, STATE, ZIP CODE 7205 JONATHAN DRIVE WENDELL, NC 27591							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 118	- The physician of the pharmacist She did not recorder until days late copy of the order character of the discrepancies worder, June 2022 Mon the label dispension on the label dispension of the pre-packaged reported: - Pre-packaged reported: - Pre-packaged reported: - Pre-packaged reported: - She was not sumedications had be 6/6/22 physician's considered and packaged duringer Prior to this intention of the change in the pre-packaged refill order not a character of the character of the character of the present of the present of the passive effects by	called in the change of order to eive a copy of the physician's er. The physician mailed a nange to the group home. erview, she was not aware of vith the 6/6/22 physician's IAR and the Risperdal dosage se date of 6/8/22. 2 the Pharmacist's Technician medications were dispensed a the dispense date listed on the re if the pre-packed een picked up prior to the orders. I the 1 mg dosage to be filled and the next cycle. erview, she was not aware of rescription dosage.	V 118				

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