

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2022
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NAME OF PROVIDER OR SUPPLIER SUMMERLIN FAMILY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 181 ARMSTRONG STREET DUNN, NC 28334
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/27/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 2 beds and currently has a census of 1. The survey sample consisted of audit of 1 current client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire were conducted quarterly for each shift. The findings are:</p> <p>Review on 7/27/22 of the facility's records</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> - One fire drill completed in the month of January 2022 - No other documentation for fire drills was available <p>Interview on 7/27/22 the Owner reported:</p> <ul style="list-style-type: none"> - She had completed fire drills, unable to locate the documentation - Doesn't have shift staff, only her as live in staff - The drills are completed by the assigned calendar given to "me by the company" <p>Interview on 7/27/22 the Qualified Professional (QP):</p> <ul style="list-style-type: none"> - Fire drills should be completed every quarter - There was a fire/ disaster drill schedule for the homes to use as a guide for when to complete drills 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</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</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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; (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 drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the medication was administered on the written order of a physician affecting 1 of 1 audited clients' (#1). The findings are:</p> <p>Review on 7/27/22 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2011 - Diagnoses: Intellectual Developmental Disorder, Moderate, Unspecified Personality Disorder, Disruptive Mood Dysregulation Disorder, Unspecified Neurodevelopmental Disorder, Klippel-Fell Syndrome, Musculoskeletal pain, Hearing deficits and Vision deficits - Blank Physician order's sheet <p>Interview on 7/27/22 the Owner stated:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - She took the physician orders to the doctor's office to get signed, he had not signed them - The doctor had not been into the office in over a year - They have virtual visits but hadn't been able to get paperwork signed by the doctor <p>Interview on 7/27/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She was aware of no physician order's in the client chart - She told the Owner that she needed those orders to give the medications 	V 118		