STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
MHL047009		B. WING		1	5/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOKE C	OUNTY GROUP HOM	E #1 170 OAK	STREET D, NC 28376			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
		w-up was completed on eficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	V 118 27G .0209 (C) Medication Requirements 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 administering the drug.					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

AND BLAN OF CORRECTION TO TRENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MIII 0.7700		B. WING		R 08/25/2022		
		MHL047009			08/2	5/2022
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
HOKE C	OUNTY GROUP HOM	E #1 170 OAK S	SIREEI D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	(5) Client requests checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	interviews the facili orders for administ three of three audit B) Ensure medicati	et as evidenced by: eview, observations, and ty failed to: A) Have physician ered medications affecting ed clients (#1, #2 and #3); and ons were available for eting one of three clients (#1)				
	-Admission date of -Diagnosis of Intelle Arthritis; Asthma; C	ectual Disability, Severe; chronic constipation; ; Urinary and Bowel				
	orders revealed: -There were no ord -Ammonium lad size amount topical -Clotrimazole C affected area betwee -Topiramate 50 twice a dayVraylar 3 mg, 6	ctate lotion 12%, Spread a pea ly to affected area twice a day. Cream 1%, Spread topically to een toes at bedtime. milligram (mg,) One tablet One capsule once a day.				
	Observation on 8/2 medications reveal	5/22 at 12:20 pm of Client #1's ed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7 11 20122 11 101		R	
		MHL047009	B. WING		08/2	5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOKE C	OUNTY GROUP HOM	E #1 170 OAK RAEFOR	STREET D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST 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	-Ammonium lactate -Clotrimazole Creat -Topiramate 50 mill -Vraylar 3 mg was at Review on 8/25/22 2022 through Augut -Ammonium lactate givenClotrimazole Creat -Topiramate 50 mill givenVraylar 3 mg was at Review on 8/25/22 -Ammonium lactate xerosis (dry or scal (an inherited dry sk childrenClotrimazole Creat medicine. It was us caused by a fungus -Topiramate 50 mill certain types of seit -Vraylar was used to episodes in adults of -Diagnoses of Schi Diabetes; Mild Intel Enuresis; Anxiety; I Review on 8/25/22 orders revealed: -There were no ord -Divalproex 500 evening.	e lotion 12% was available. m 1% was not available. ligram mg was available. available. of Client #1's MAR for June st 25, 2022 revealed: e lotion 12% was marked as m 1% was marked as given. ligram mg was marked as marked as given. of www.webmd.com revealed: e lotion 12% was used to treat y skin) and ichthyosis vulgaris in condition) in adults and m 1% was an antifungal ed to treat skin infections (yeast). ligram mg was used to treat zures. to treat mixed or manic with bipolar I disorder. of Client #2's record revealed: 5/5/14. zophrenia; Controlled Type 2 llectual Disability; Nocturnal History of Seizures. of Client #2's physician's lers for: 0 mg, Two tablets every	V 118			
	-Lithium Carbonate 300 mg, One tablet twice a day.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		MHL047009	B. WING		1	5/2022
			1		1 00/2	.O/LULL
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOKE C	OUNTY GROUP HOM	E #1 170 OAK				
		RAEFOR	D, NC 28376	i		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
17.0		,	17.0	DEFICIENCY)		
\/ 110	Continued From no	ac 2	V 118			
V 110	Continued From pa	ge 3	V 110			
	-Mirtazapine 30	mg, One tablet at bedtime.				
	-Quetiapine 10	0 mg, One tablet in the				
	morning.					
		0 mg, One tablet at bedtime.				
		de 5000 Plus, Provide to brush				
	teeth twice a day.					
		am Plus 2% Salicylic Acid,				
		calluses twice a day.				
		One capsule at bedtime.				
	-Risperidorie 3	mg, One tablet at bedtime.				
	Observation on 8/2	5/22 at 12:00 pm of Client #2's				
	medications reveale					
	-Divalproex 500 mg					
		300 mg was available.				
	-Mirtazapine 30 mg					
	-Quetiapine 100 mg	g was available.				
	-Quetiapine 200 mg					
		000 Plus was available.				
		Plus 2% Salicylic Acid was				
	available.					
	-Vraylar 6 mg was a					
	-Risperidone 3 mg	was available.				
	Review on 8/25/22	of Client #2's MAR for June				
		st 25, 2022 revealed:				
		y was marked as given.				
		300 mg was marked as				
	given.	5				
		was marked as given.				
		g was marked as given.				
		g was marked as given.				
	-Sodium Fluoride 5000 Plus was marked as					
	given.	DI 00/ 0 " " 1 1 1 1				
		Plus 2% Salicylic Acid was				
	marked as given.					
	-Vraylar 6 mg was r					
	-kisperidone 3 mg	was marked as given.				
	Review on 8/25/22 of www.webmd.com revealed:					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R	
MHL047009		B. WING		08/25/2022		
NAME OF 5	200//050 00 01/00//50	0.7.0.5.7.4.0	DDESS SITM	TATE TIP CORE		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOKE CO	OUNTY GROUP HOM	E#1 170 OAK				
		RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	-Divalproex was us seizures. It was also phase of bipolar dis-Lithium Carbonate manic-depressive of -Mirtazapine was us (depressive and maschizophreniaSodium Fluoride 50 cavitiesUrea Foot Cream Flused to treat dry/rou-Vraylar was used episodes in adults was repisodes in adults was used episodes in adult	ed to treat certain types of o used to treat the manic sorder was used used to treat disorder (bipolar disorder). Seed to treat depression. ed to treat bipolar disorder anic episodes) and 000 Plus was used to prevent Plus 2% Salicylic Acid was ugh skin conditions. to treat mixed or manic with bipolar I disorder. sed to treat schizophrenia, irritability associated with of Client #3's record revealed: 5/2/17. lectual Disability, Mild; GERD; Disorder. of Client #3's physician's ers for: ctate lotion 12%, Spread twice a day. Cream 1%, Spread topically dtime. lacquer 8%, Apply topically to aily 0 mg, Two tablets in the				
	Observation on 8/25/22 at 12:20 pm of Client #3's medications revealed: -Ammonium lactate lotion 12% was available.					

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-Clotrimazole Cream 1% was available.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			20.25			R
		MHL047009	B. WING			25/2022
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
HOKE C	OUNTY GROUP HOM	F #1	K STREET RD, NC 28376	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	-Ciclopirox Nail lace -Quetiapine 400 mg Review on 8/25/22 2022 through Augu -Ammonium lactate givenClotrimazole Creat -Ciclopirox Nail lace -Quetiapine 400 mg Review on 8/25/22 -Ammonium lactate xerosis (dry or scal (an inherited dry sk childrenClotrimazole Creat medicine. It was us caused by a fungus -Ciclopirox Nail lace infections of the fine -Quetiapine was us (depressive and mas schizophrenia. Interview on 8/23/2 revealed: -The Clotrimazole (1) -She reordered an -She confirmed the medications availate one of three clients Interview on 8/23/2 Leader/Qualified Pr -Doctors did not give	quer 8% was available. g was available. of Client #3's MAR for June est 25, 2022 revealed: e lotion 12% was marked as given. quer 8% was marked as given. quer 8% was marked as given. of www.webmd.com revealed lotion 12% was used to treat ly skin) and ichthyosis vulgaristin condition) in adults and m 1% was an antifungal sed to treat skin infections (yeast). quer was used to treat fungal gernails and toenails. sed to treat bipolar disorder anic episodes) and 12 with the House Manager Cream ran out today. The wew Clotrimazole Cream today of facility failed to have belle for administration affecting is (#1.) 12 with the Team rofessional revealed: we them the medication orders of them directly to the	/.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) D/CC			ATE SURVEY OMPLETED	
		MHL047009	B. WING			R 25/2022
NAME OF I	PROVIDER OR SUPPLIER	•	ADDRESS, CITY, S	TATE, ZIP CODE	, , , , , ,	
HOKE C	OUNTY GROUP HOM	H #1	K STREET			
		RAEFOI	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 6	V 118			
	clients #1, #2 and #	t 3.				

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