STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL051-203		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		B. WING			08/31/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LTIMAT	E FAMILY CARE HO	MF	210 HWY ELD, NC 2757	7		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual & follow 8/31/22. Deficiencie	up survey was completed on es were cited.				
		sed for the following service C 27G .5600A Supervised th Mental Illness				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lea repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to ensure fire repeated on each s	et as evidenced by: eview and interview the facility e & disaster drills were shift. The findings are: ty's fire and disaster log				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-203		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL051-203	B. WING			R 31/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
JLTIMAT	E FAMILY CARE HOM	ME	210 HWY ELD, NC 2757	7		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLET
V 114	Continued From pa	ige 1	V 114			
	- fire and disaste each shift	er drills were not completed on				
	During interview on reported the followi - 1st shift - 6am - 2nd shift - 4pm - 3rd shift - 12am	- 4pm n - 12am	r			
	 During interview on 8/23/22 the Licensee reported the following staff shifts: 2 different shifts 7am - 7pm & 7pm - 7am 		t			
		8/19/22 client #3 reported: now what to do if it was a				
	- disaster drills w	8/19/22 client #5 reported: vere not practiced at the facility n away from windows	/			
	 had worked at had not completence no one had trait tornado 	8/19/22 staff #1 reported: the facility for last month eted any disaster drills ned him what to do during a ee how to complete the				
	tornado drill - during a tornad in the bed and do n	lo, would have the clients get ot move				
	- she had not pra #1	8/19/22 the HS reported: acticed tornado drills with staff				
	how to conduct a to					
	- clients were to During interview on	get down in the hallway				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL051-203		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL051-203	B. WING		R 08/31/2022	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ΙΙ ΤΙΜΔΤ	E FAMILY CARE HOM	ME	210 HWY			
		SMITHFII	ELD, NC 2757	7		-
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV		(X5) COMPLET
TAG	· ·	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	DATE
V 114	Continued From pa	ige 2	V 114			
	reported:					
		arterly to see if drills were				
	done					
		S ensured staff were trained on				
	how to complete dr	ined staff #1 how to conduct a				
	tornado drill					
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	10A NCAC 27G .02					
	REQUIREMENTS					
	(c) Medication adm	inistration:				
		non-prescription drugs shall				
		ed to a client on the written				
	drugs.	uthorized by law to prescribe				
		all be self-administered by				
		uthorized in writing by the				
	client's physician.					
		cluding injections, shall be				
		by licensed persons, or by trained by a registered nurse,				
	•	r legally qualified person and				
		e and administer medications.				
		Iministration Record (MAR) of				
		red to each client must be kept				
		s administered shall be ely after administration. The				
	MAR is to include the					
	(A) client's name;	-				
		, and quantity of the drug;				
		administering the drug;				
		he drug is administered; and of person administering the				
	drug.					
	0	for medication changes or				
	checks shall be rec	corded and kept with the MAR				
	tile followed up by a	appointment or consultation				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-203		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
					R	
		MHL051-203	B. WING		08/31/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
LTIMAT	E FAMILY CARE HOM	AE 3310 NC SMITHEIR	210 HWY ELD, NC 2757	7		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ge 3	V 118			
	with a physician.					
	This Rule is not me	et as evidenced by				
	Based on record re	view and interview the facility				
		edications on a written				
	physician's order & and failed to keep MARs current for 1 of 3 audited client (3). The findings					
	are:					
	Review on 8/17/22	of client #3's record revealed:				
	- admitted 8/3/22					
		chizophrenia, Diabetes, Chronic Hyponatremia				
	- a FL2 dated 8/8	3/22: Cogentin 1mg (milligram)				
		effects), Ingrezza (involuntary 25mg everyday (depression),				
	Haldol 20mg twice	a day (BID) (mental				
		5mg bedtime (schizophrenia); BID (diabetes), Lisinopril 10mg				
		re), Tripletail 150mg BID				
		Omg daily (fluid retention)				
		of client #3's August MAR				
	revealed:	from 8/15/22 - 8/17/22 for the				
	above medications					
	- the Cogentin, Z listed	Coloft, Haldol & Abilify was not				
		8/19/22 client #3 reported: edications daily by staff #1				
	During interview on reported:	8/17/22 & 8/19/22 staff #1				

STATE FORM

If continuation sheet 4 of 6

TATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL051-203						OMPLETED	
		B. WING			R 31/2022		
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	E FAMILY CARE HO	3310 NC	210 HWY				
		SMITHFI	ELD, NC 2757	7			
(X4) ID			ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
V 118	Continued From pa	ige 4	V 118				
	- was the only st	aff administered medications					
		on the medications listed in					
	the electronic MAR	system (EMAR)					
		hard copy of the client #3's					
	MAR to sign off						
		had been down since 8/15/22					
		on prevented the EMAR					
	system from working - the House Supervisor (HS) informed him						
	today to start to document in the EMAR & hard						
	copy of MARs						
	- client #3 did not miss his medications, even						
	though, there were no documentation on the						
	MAR						
		8/17/22 & 8/19/22 the HS					
	reported:	FMAD evictors device had been					
	 on 8/17/22 the EMAR system down had been down since 8/15/22 due road construction, 		1				
	- the internet line						
		ew to the facility and not all his					
		en uploaded in the EMAR					
	system	•					
	- had not docum	ented client #3's psychotropic					
		hard copy of the MAR					
		vould not accept the FL2 for					
		edications, therefore those					
		ot in the EMAR system					
		t miss his medications					
	- during the EMAR system outage, staff #1						
	would contact her when client #3's medication was administered						
	- she would document in the EMAR system						
	medication was given						
	- was trained during medication administration,		,				
		ninister medications,					
	documented the M						
		write down all client #3's					
	medications on a h	ard copy of a MAR					

STATEMEN	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MH		MHL051-203	B. WING	B. WING		R 08/31/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
JLTIMA	TE FAMILY CARE HO	ME	210 HWY ELD, NC 2757	7			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	age 5	V 118				
	reported: - had client #3's accepted by his ph - all client #3's m into the EMAR syst representative - it took time for with the medication - until all medica EMAR system, stat hard copies of the of pharmacy During interview or reported: - if the EMAR syst to initial the hard co - "moving forwar copy of clients' MA "Due to the failure to medication adminis	hedication had been inputted tem by the pharmacy the EMAR system to update ations were uploaded into the ff needed to document the client MARS given by his a 8/23/22 the Licensee vstem was down, staff needed opy of the MARs rd, " staff will initial the hard Rs & the EMAR system to accurately document stration, it could not be ts received their medications ohysician"					