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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
74101 2741	or contraction	IDENTIFICATION TO A TO	A. BUILDING: _	A. BUILDING:	
		MHL012-110	B. WING		R 09/15/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
WILSON H	IOME		CORNER ROA		
			TON, NC 28655		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual and follow on 9/15/22. Deficience	up survey was completed cies were cited.			
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.				
	-	d for 2 and currently has a rey sample consisted of ents.			
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
	only be administered order of a person autidrugs.  (2) Medications shall clients only when auticlient's physician.  (3) Medications, incluadministered only by unlicensed persons transmitted to other learning privileged to prepare  (4) A Medication Admall drugs administered current. Medications are corded immediately MAR is to include the (A) client's name;  (B) name, strength, and (C) instructions for according to the contraction of the contractions of the contraction of the contract	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be refer administration. The following:			

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
			D WING			R	
		MHL012-110	B. WING		09	/15/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE			
		428 LOST	CORNER ROAL	D			
WILSON I	HOME	MORGAN	TON, NC 28655	i e			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
V 118	Continued From page 1 V 118						
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation					
	reviews the facility fai	n, interviews and record led to have written orders for ns affecting 1 of 2 audited					
	-Admitted on 3/29/12Diagnoses of Hypoth Disability, severe, Inte (D/O), Oppositional D Allergies, Anemia, Ob	nyroidism, Intellectual ermittent Explosive Disorder refiant D/O, Seizure D/O, pesity, Incontinence, O, Epilepsy, unspecified, not					
	MARs from 6/1/22-8/2 -Cetirizine (allergies) tablet dailyLevothyroxine (thyroi (micrograms), one tak -Divalproex (seizures (twice daily)Simpesse 91s (birth one tablet dailyFluticasone (allergies nostril dailyL-lysine (supplement	10 milligrams (mg), one id supplement) 110 mcg					

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STATE FORM 6899 ON6O11 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	UILDING:	
					R
		MHL012-110	B. WING		09/15/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		428 LOS1	CORNER ROA	D	
WILSON F	HOME	MORGAN	TON, NC 28655	5	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
IAG			IAG	DEFICIENCY)	
V 118	Continued From page	e 2	V 118		
	tablet TID (three time	300mg, one capsule TID.			
		its, one capsule daily.			
	-Trazadone (mood) 1				
	(bedtime).	oonig 2 tablets 4115			
		ychotic), 3mg one tablet			
	BID.	, , ,			
	-Alprazolam (anxiety)	), 1mg one tablet TID.			
		er), 100mg one tablet BID			
	PRN (as needed).				
	-The following medications were administered				
		2 without a written physician's			
		ng, Levothyroxine 110 mcg,			
	and Divalproex 125mg.				
	-The following medications were administered				
	6/1/22-8/7/22 without a written physician order:				
	Simpesse 0.15-0.03-	•			
		ng, Chlorpromazine, 50mg,			
	Colace 100mg, and 0	sabapentin soonig.			
Interview on 9/12/2		with Client #2 revealed:			
	-She had limited verbal ability and was not able to				
answer questions regarding her medications.		garding her medications.			
	Interview on 9/12/22	with the Alternative Family			
	Living (AFL) Staff #2	•			
	- , ,	on the same medications for			
	a long time; there was				
		as needed) medication, but			
		ations had not changed.			
		tor in January 2022 and the			
	most recent visit was	•			
	-He did not get a cop	y of the orders when he was			
	at the doctor's office;	the doctor sent the			
	prescription directly to	o the pharmacy.			
		's office when Client #2			
	needed a refill on a m				
	-	ders from the pharmacy on			
		nacy said it would take up to			
	one week to receive t	the orders for medications	1		

Division of Health Service Regulation

STATE FORM 6899 ON6O11 If continuation sheet 3 of 4

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  WILSON HOME  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  MHL012-110  B. WING  B. WING  B. WING  B. WING  COPY OF CORP.  STREET ADDRESS, CITY, STATE, ZIP CODE  428 LOST CORNER ROAD  MORGANTON, NC 28655  (X4) ID  PROVIDER'S PLAN OF CORRECTION  (X5)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  428 LOST CORNER ROAD MORGANTON, NC 28655   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3 filled prior to June.  Interview on 9/9/22 and 9/14/22 with the Associate Professional (AP) revealed: -She was working with the provider to ensure documentation was up to date in Client #2's chart, including physician ordersShe contacted the physician's office on 9/14/22 and received some of the missing medication						R		
WILSON HOME  428 LOST CORNER ROAD MORGANTON, NC 28655  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  filled prior to June.  Interview on 9/9/22 and 9/14/22 with the Associate Professional (AP) revealed: -She was working with the provider to ensure documentation was up to date in Client #2's chart, including physician ordersShe contacted the physician's office on 9/14/22 and received some of the missing medication	MHL012-110			B. WING		09	/15/2022	
WILSON HOME  MORGANTON, NC 28655  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  filled prior to June.  Interview on 9/9/22 and 9/14/22 with the Associate Professional (AP) revealed: -She was working with the provider to ensure documentation was up to date in Client #2's chart, including physician ordersShe contacted the physician's office on 9/14/22 and received some of the missing medication  MORGANTON, NC 28655  ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 118  V 118  V 118	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  filled prior to June.  Interview on 9/9/22 and 9/14/22 with the Associate Professional (AP) revealed: -She was working with the provider to ensure documentation was up to date in Client #2's chart, including physician ordersShe contacted the physician's office on 9/14/22 and received some of the missing medication  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  ON THE APPROPRIATE COMPLETE  COMPLETE  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  COMPLETE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)	I WILSON HOME							
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Interview on 9/13/22 with the Program Manager/Qualified Professional (PM/QP) #2 revealed: -He was not the regular PM/QP for the facilityThe QP #1 who supervised the facility was out of the office for the weekThe agency was looking for a system that works with their electronic health records to ensure that physician orders were up to date in their satellite sites, such as AFL providers.	V 118	filled prior to June.  Interview on 9/9/22 at Associate Profession: -She was working wit documentation was u including physician or -She contacted the pland received some of orders.  Interview on 9/13/22 Manager/Qualified Privevaled: -He was not the regulative office for the weel -The agency was look with their electronic high physician orders were	and 9/14/22 with the al (AP) revealed: the the provider to ensure period to date in Client #2's chart, reders. the hysician's office on 9/14/22 for the missing medication  with the Program reofessional (PM/QP) #2  Itan PM/QP for the facility. The revised the facility was out of keeping for a system that works ealth records to ensure that the up to date in their satellite.	V 118				

Division of Health Service Regulation

STATE FORM 6899 ON6O11 If continuation sheet 4 of 4