STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL092-546			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		B. WING		10/12/2022		
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
CANAAN	I CARE HOME		WALDO STRE	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey w Deficiencies were c	as completed on 10/12/22. ited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 6 and currently has a irvey sample consisted of clients.				
V 118	27G .0209 (C) Medication Requirements		V 118			
	<ul> <li>only be administered order of a person a drugs.</li> <li>(2) Medications shat clients only when at client's physician.</li> <li>(3) Medications, inclient's physician.</li> <li>(4) A Medication Additional drugs administered only builtieged to prepare (4) A Medication Additional drugs administered current. Medication recorded immediate MAR is to include the (A) client's name;</li> <li>(B) name, strength,</li> <li>(C) instructions for (D) date and time the full drugs administered for the physician of the physician of</li></ul>	inistration: non-prescription drugs shall ed 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 trained by a registered nurse legally qualified person and e and administer medications iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

## PRINTED: 11/15/2022 FORM APPROVED

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL092-546	B. WING		10/	12/2022
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CARE HOME	429/431 V CARY, NO	VALDO STRE C 27511	ET		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
Continued From pa	ge 1	V 118			
checks shall be rec	orded and kept with the MAR				
Based on record re interview, the facilit medication on the v failed to keep the M clients (#1, #2, #4).	view, observation and y failed to administer vritten order of a physician and IAR current for 3 of 3 audited The findings are:				
<ul> <li>Admitted: 6/15/</li> <li>Diagnoses: Several palsy, seiz hypercholesterolem</li> <li>No signed physical parts of the second physical phy</li></ul>	07 vere mental retardation, ure disorder, nia, and scoliosis sician orders for the				
MAR revealed the f - Certavite Senior supplement) - Ferrous Sulfate (tab), 1 tab in the m - Myrbetriq Er 25 bladder) - Pantoprazole 4	ollowing medications: or Tablet, daily (dietary e 325 mg (milligram) tablet oorning (iron deficiency) omg tab, 1 tab daily (overactive 0mg tab, 1 tab daily				
	(EACH DEFICIENCY REGULATORY OR L Continued From pa (5) Client requests checks shall be rec file followed up by a with a physician. This Rule is not me Based on record re interview, the facility medication on the v failed to keep the N clients (#1, #2, #4). A. Medication not b by a physician Review on 10/7/22 - Admitted: 6/15/ - Diagnoses: Sev cerebral palsy, seiz hypercholesterolem - No signed phys medications listed to Review on 10/7/22 MAR revealed the f - Certavite Senic supplement) - Ferrous Sulfate (tab), 1 tab in the m - Myrbetriq Er 25 bladder) - Pantoprazole 4 (Gastroesophageal	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medication on the written order of a physician and failed to keep the MAR current for 3 of 3 audited clients (#1, #2, #4). The findings are: A. Medication not being administered as ordered by a physician Review on 10/7/22 of client #1's record revealed: - Admitted: 6/15/07 - Diagnoses: Severe mental retardation, cerebral palsy, seizure disorder, hypercholesterolemia, and scoliosis - No signed physician orders for the medications listed below Review on 10/7/22 of client #1's October 2022 MAR revealed the following medications: - Certavite Senior Tablet, daily (dietary supplement) - Ferrous Sulfate 325 mg (milligram) tablet (tab), 1 tab in the morning (iron deficiency) - Myrbetriq Er 25mg tab, 1 tab daily (overactive	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 1       V 118         (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.       V 118         This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medication on the written order of a physician and failed to keep the MAR current for 3 of 3 audited clients (#1, #2, #4). The findings are:         A. Medication not being administered as ordered by a physician         Review on 10/7/22 of client #1's record revealed: - Admitted: 6/15/07         - Diagnoses: Severe mental retardation, cerebral palsy, seizure disorder, hypercholesterolemia, and scoliosis         - No signed physician orders for the medications listed below         Review on 10/7/22 of client #1's October 2022 MAR revealed the following medications: - Certavite Senior Tablet, daily (dietary supplement)         - Ferrous Sulfate 325 mg (milligram) tablet (tab), 1 tab in the morning (iron deficiency)         - Myrbetriq Er 25mg tab, 1 tab daily (Gastroesophageal reflux disease GERD)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTI) TAG         Continued From page 1       V 118         (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.       V 118         This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medication on the written order of a physician and failed to keep the MAR current for 3 of 3 audited clients (#1, #2, #4). The findings are: A. Medication not being administered as ordered by a physician         Review on 10/7/22 of client #1's record revealed: - Admitted: 6/15/07 Diagnoses: Severe mental retardation, cerebral palsy, seizure disorder, hypercholesterolemia, and scoliosis - No signed physician orders for the medications listed below         Review on 10/7/22 of client #1's October 2022 MAR revealed the following medications: - No signed physician orders for the medications listed below         Review on 10/7/22 of client #1's October 2022 MAR revealed the following medications: - Certavite Senior Tablet, daily (dietary supplement)         - Ferrous Sulfate 325 mg (milligram) tablet (tab), 1 tab in the morning (iron deficiency)         - Myrbetriq Er 25mg tab, 1 tab daily (Gastroesophageal reflux disease GERD)	SUMMARY STREEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S ELVICE ACTION SHOULD BE (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)           Continued From page 1         V 118           (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.         V 118           This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medication on the written order of a physician and failed to keep the MAR current for 3 of 3 audited clients (#1, #2, #4). The findings are: A. Medication not being administered as ordered by a physician           Review on 10/7/22 of client #1's record revealed: - Morbiesterolemia, and scoliosis - No signed physician orders for the medications listed below           Review on 10/7/22 of client #1's Cotober 2022 MAR revealed the following medications: - Certavite Senior Tablet, daily (dietary supplement) - Ferrous Sulfate 325 mg (milligram) tablet (tab), 1 tab in the morning (iron deficiency) - Myrbetrig Er 25mg tab, 1 tab daily (Gastroesophageal reflux disease GERD)

STATE FORM

		Capulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-546	B. WING		10/	12/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CANAAN	CARE HOME		WALDO STREI C 27511	ET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ge 2	V 118			
	<ul> <li>(prostate)</li> <li>Phenobarbital 6</li> <li>evening (seizures)</li> <li>Atorvastatin 40</li> <li>(cardiovascular dise</li> <li>Colestipol 1 gradiche</li> <li>(cholesterol)</li> <li>Ketoconazole 2</li> <li>needed) (antifungal</li> <li>Review on 10/7/22</li> <li>Admitted: 8/3/1</li> <li>Diagnoses: Modepression, special</li> <li>esophageal reflex, fluorosis and dysthy</li> <li>No signed physimedications listed to the fluorest of the fluorest on the fluorest of the fluorest on the morning 30 m (thyroid)</li> <li>Loratadine 10m (allergies)</li> <li>Vitamin D3 200</li> </ul>	54.8mg tab, 2 tabs in the mg tab, 1 tab at bedtime ease) am (gm) tab, 2 tabs twice daily 2% shampoo, PRN (as 1) of client #2's record revealed: 3 derate mental retardation, symptoms syndrome, seborrheic dermatitis, skin ymic disorder sician orders for the below of client #2's October 2022 following medications: ng tab, 1 tab daily (stomach ng cap, 1 cap in the morning 2% shampoo, apply to affected				
	(antipsychotic)	ng tab, 1 tab at bedtime				
	- Admitted: 6/22/	of client #4's record revealed: 07 derate intellectual disability,				

	of Health Service Re			CONSTRUCTION		
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-546	B. WING			10/12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
CANAAN	I CARE HOME	429/431 \ CARY, N	NALDO STREI C 27511	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	History cellulite's ar - No signed phys medications listed b	sician orders for the				
	<ul> <li>Review on 10/7/22 of client #4's October 2022</li> <li>MAR revealed the following medication: <ul> <li>Cetirizine 10mg tab, 1 tab in the morning (allergies)</li> <li>Esomeprazole 40mg packet, mix 1 packet in 15 ml (milliliters) of water daily, (GERD)</li> <li>Fluticasone 50mcg spray, PRN (steroid)</li> <li>Ketoconazole 2%shampoo, PRN (antifungal)</li> </ul> </li> <li>Interview and observation on 10/7/22 at 10:40am the Administrator reported: <ul> <li>Just met with the agency nurse to go over the medications (no date given).</li> <li>Didn't know how the updated physician orders were not in the client records.</li> <li>Would call the pharmacy to get all the client physician orders and put in the records.</li> </ul> </li> </ul>					
	client physician ord B. MARs not includ administering medie	ing initials of person				
	September and Oct - The Administra the month of Septe administer medicati through the 30th. - The Administra October from the 19 to administer medic	of client #1, #2 and #4's tober 2022's MARs revealed: tor initialed everyday through mber as being the only one to ion to the clients from the 1st tor initialed everyday in st - 7th as being the only one cation to each client. tor was the only person to sign R.				

C

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TIFICATION NUMBER: A. BUILDING:			E SURVEY PLETED
		MHL092-546			10/	12/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	·	
	I CARE HOME		WALDO STREE	ΞT		
			C 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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) COMPLET DATE
V 118	Continued From pa	ge 4	V 118			
	- Staff #1 gave h	im his medication.				
	<ul> <li>He was the live</li> <li>He was trained</li> <li>He gave medications</li> <li>He was suppose</li> <li>medications immediation.</li> <li>He gave the cliamorning (10/7/22) to MAR to sign it.</li> <li>The Administration bringing them to the (10/7/22).</li> </ul>	A 11 years. A 12				
	<ul> <li>He and staff#1 clients.</li> <li>He gave the me</li> <li>He was "quicked when staff #1 gave was with the staff we medication.</li> <li>They work "join</li> <li>This was the or with the MARs and</li> <li>"It's just one of those things you ca</li> <li>MARs normally</li> <li>Would start kee again.</li> </ul>	hly time he had been traveling there was no reason why. those times", "It's just one of n't explain." stay at the facility. eping the MARs at the facility the MAR unless he was				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL092-546	B. WING		10/	12/2022
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
CANAAN	I CARE HOME		WALDO STREI IC 27511	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From pa	ge 5	V 118			
	medication adminis	o accurately document tration, it could not be s received their medications hysician.				