If continuation sheet 1 of 5

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED B. WING MHL011-403 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 VILLAGE WAY DIERING HOME BLACK MOUNTAIN, NC 28711 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS v118 V 000 27G .0209 (C) Medication Requirements An annual survey was completed on 10/28/22. Deficiencies were cited. Finding 1 and 2: Re training of AFL on Medication This facility is licensed for the following service Requirements to include the following: category: 10A NCAC 27G .5600F Supervised -initialling MAR immediately following Living for Individuals of all Disability the administration of medications. Groups/Alternative Family Living. -PRN: Documenting on back of the MAR details of PRN given (medication and This facility is licensed for 2 and currently has a dose, date, time, reason given census of 2. The survey sample consisted of and results. audits of 2 current clients. QP will monitor MAR monthly for compliance during in home V 118 27G .0209 (C) Medication Requirements V 118 supervision 10A NCAC 27G .0209 MEDICATION REQUIREMENTS 10/28/22 (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 DHSR - Mental Health druas. (2) Medications shall be self-administered by clients only when authorized in writing by the NOV 28 2022 client's physician. (3) Medications, including injections, shall be Lic. & Cert. Section 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 administered; and of person administering the Divisi LABO ER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE **Executive Director** 11/22/22

6899

FEJU11

STAT

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL011-403 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 VILLAGE WAY DIERING HOME BLACK MOUNTAIN, NC 28711 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician for 2 of 2 clients (Clients #1, #2). The findings are: Finding 1 Review on 10/27/22 of Client #1's record revealed: -Date of Admission: 7/22/15 -Diagnoses: Moderate Intellectual Disability, Autism Spectrum Disorder, Schizophrenia. Hypothyroidism and Post Traumatic Stress Disorder. -Physician ordered medications dated 2/28/22 included: -Levothyroxine 50mcg (micrograms) (hypothyroidism)- one capsule daily. -Loratadine 10mg(milligrams) (allergies)- one tablet daily. -Vitamin D 2000iu (international units) (supplement)- one capsule daily. -Physician ordered medications dated 1/19/22 included: -Invega 3mg (antipsychotic) one tablet daily. -Guanfacine 1mg (attention deficit disorder)one tablet twice daily. -Lithium Carbonate 600mg (schizophrenia) -one

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED B. WING MHL011-403 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 VILLAGE WAY DIERING HOME BLACK MOUNTAIN, NC 28711 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 twice daily. Review on 10/27/22 of August -October 2022 MARs revealed: -Levothyroxine was not initialed as administered on 10/27/22. -Loratadine was not initialed as administered on 10/27/22. -Vitamin D was not initialed as administered on 10/27/22. -Invega was not initialed as administered on 10/27/22. -Guanfacine was not initialed as administered on 10/27/22 am dose. -Lithium Carbonate was not initialed as administered on 10/27/22 am dose. Review on 10/27/22 of Client #2's record revealed: -Date of Admission: 6/20/17 -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Mood Disorder and Autism Spectrum Disorder -Physician ordered medications dated 3/30/22 included: -Yaz 3-0.02mg (menstruation) one tablet daily. -Vitamin D 2000iu (supplement) 1 capsule daily. -Fluoxetine 40mg (depression) 2 capsules daily ordered 5/3/22. -Propranolol 20mg (anxiety)1 twice daily ordered 6/6/22. Review on 10/27/22 of August -October 2022 MARs revealed: -Yaz was not initialed as administered on 10/27/22 -Vitamin D was not initialed as administered on 10/27/22. -Fluoxetine was not initialed as administered on 10/27/22.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL011-403 B. WING 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 VILLAGE WAY DIERING HOME BLACK MOUNTAIN, NC 28711 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 3 V 118 -Propranolol was not initialed as administered on 10/27/22 am dose. Finding 2 Review on 10/27/22 of physician's orders dated 3/30/22 for Client # 2 revealed: -lbuprofen 400mg (pain) give every 4 hours PRN (as needed). Order dated 10/13/22 revealed give Ibuprofen 3 times a day PRN. Order dated 10/25/22 revealed give Ibuprofen 4 times a day PRN. -Tylenol 500mg (pain) give 3 times a day PRN order dated 10/13/22. Review on 10/27/22 of August -October 2022 MARs for Client #2 revealed: -Instructions on back of the pharmacy printed MAR revealed "PRN-reason given and results should be noted on Nurses Medication Notes." -lbuprofen was initialed as administered 8/1/22-8/31/22 once each day with no time identified. Nothing was noted on the back of the August MAR. Ibuprofen was initialed as given twice a day from 9/1/22-9/30/22 with no time identified. Nothing was noted on the back of the September MAR. On the October MAR, Ibuprofen was initialed as administered at 8am 10/1-10/26/22, 12pm 10/1-10/23/22, 4pm 10/1-10/23/22 and 8pm 10/1-10/26/22. Nothing was noted on the back of the October MAR. -Tylenol was not written on any MAR reviewed. Interview on 10/27/22 with Staff #1 revealed: -Client #2's foot pain had been steadily increasing while the doctors try to find out what's going on. -Was not aware she needed to note PRN administration on the back of the MAR. The new Qualified Professional (QP) only recently told her about listing the times of administration on the front of the MAR.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL011-403 B. WING 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 VILLAGE WAY **DIERING HOME** BLACK MOUNTAIN, NC 28711 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 4 V 118 -She administered Tylenol at 3am on 10/27/22 due to Client #2 being in such pain. She didn't think about writing it on the MAR, she was just trying to help Client #2. Interview on 10/28/22 with the QP revealed: -Staff #1 should have known to record the Tylenol given. -She only recently began as QP and was still learning all the bit and pieces of the job. -Will review that process with Staff #1 and monitor.