

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KENAN COTTAGE THOMPSON CHILD & FAMILY FOCI	STREET ADDRESS, CITY, STATE, ZIP CODE 6736 SAINT PETER'S LANE MATTHEWS, NC 28105
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 12-6-22. The complaint was unsubstantiated (#NC00194709). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Intensive Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for nine and currently has a census of four. The survey sample consisted of four current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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 administered; and (E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KENAN COTTAGE THOMPSON CHILD & FAMILY FOC	STREET ADDRESS, CITY, STATE, ZIP CODE 6736 SAINT PETER'S LANE MATTHEWS, NC 28105
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation The facility failed to ensure all MAR's are kept current and accurate, effecting One of Three audited clients (Client #2). The findings are:</p> <p>Review on 11-28-22 of Client #2's October and November MAR's revealed: -Melatonin (for sleep) 3 mg (milligrams) one tablet at hour of sleep. -Fluticasone (for congestion) 50mcg (microgram) 2 sprays each nostril daily.</p> <p>Review on 11-28-22 of Client #2's Medication orders signed 11-18-22 revealed: -Melatonin (for sleep) 3 mg (milligrams) one tablet at hour of sleep PRN (as needed). -Fluticasone (for congestion) 50mcg (microgram) 2 sprays each nostril PRN.</p> <p>Observation on 11-28-22 of Client #2's medication revealed: -Melatonin (for sleep) 3 mg (milligrams) one tablet at hour of sleep. -Fluticasone (for congestion) 50mcg (microgram) 2 sprays each nostril daily.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KENAN COTTAGE THOMPSON CHILD & FAMILY FOCI	STREET ADDRESS, CITY, STATE, ZIP CODE 6736 SAINT PETER'S LANE MATTHEWS, NC 28105
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 2</p> <p>Interview on 11-28-22 with the Registered Nurse revealed: -She didn't know why the MAR's, medications, and medication orders were different, but suspects that they were changed at some point.</p> <p>Interview on 12-6-22 with the Quality Improvement Specialist and the Chief Performance Quality Officer revealed: -They knew that the MAR's, medication and medication orders were all supposed to be the same. -They would talk to the nurse and make sure it was corrected.</p>	V 118		