PRINTED: 12/09/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
		MHL092-935	B. WING		11/2	2/2022	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RUSMED III 5401 ORCHARD POND DRIVE RALEIGH, NC 27616							
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	V 000 INITIAL COMMENTS		V 000				
	An annual survey w Deficiencies were o	vas completed on 11/22/22. cited.					
	This facility is licensed for the following service 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities.						
	This facility is licenscensus of 3.	sed for 4 and currently has a					
V 118 27G .0209 (C) Medication Requirements		V 118					
	only be administered order of a person and drugs. (2) Medications shat clients only when a client's physician. (3) Medications, inclient's physician. (3) Medications, incliented only builicensed persons pharmacist or other privileged to prepare (4) A Medication Acall drugs administed current. Medication recorded immediated MAR is to include the (A) client's name; (B) name, strength (C) instructions for (D) date and time the (E) name or initials drug.	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 a trained by a registered nurse, ar legally qualified person and the and administer medications. Iministration Record (MAR) of a red to each client must be kept a sadministered shall be ely after administration. The					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 12/09/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			E SURVEY IPLETED	
		MHL092-935	B. WING		11/2	2/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•		
RUSMED III 5401 ORCHARE				D DRIVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) RALEIGH, NC 27616 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAD DEFICIENCY)			D BE	(X5) COMPLETE DATE		
V 118	checks shall be rec file followed up by a with a physician. This Rule is not me Based on record re	orded and kept with the MAR appointment or consultation et as evidenced by: views and interviews, the	V 118				
	facility failed to adr written order of a pl MARs current affect clients (#2). The fin Review on 11/22/22 revealed: -Admitted: -Diagnoses: -No physician order -Lorazepam Tab 1 three times daily -Dival Proex 1000 once daily -Quetiapine tab 10 bedtime -Vitamin D2 50,00 once weekly Review on 11/22/22 November 2022 M/-Medications docur October 1-31 and N	ninister medications on the hysician (#3) and keep the ting two of three audited dings are: 2 of client #3's record review 3 mg, take 1 tab by mouth 30 mg, take 1 by mouth at 4 of client #3's October and					

Division of Health Service Regulation

STATE FORM 6899 Q5Z911 If continuation sheet 2 of 3

PRINTED: 12/09/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY LETED
		MHL092-935	B. WING		11/2	2/2022
NAME OF PROVIDER OR SUPPLIER RUSMED III STREET ADDRES 5401 ORCHAF RALEIGH, NC						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	Deficit Hyperactivity Review on 11/22/22 MAR revealed: -Vitamin D2 1.25 m -Multivitamin daily-v deficiency) -Docusate sodium -Medications were in November 1-22, 20 Observation on 11/2 medications reveale -Medications were in medication bin, medication box. Interview on 11/22/2 - Had not checked in previous home man	rebral Palsy and Attention v Disorder 2 of client #2's November 2022 illigram (mg) (low vitamin d) vite tablet (prevent vitamin 100 mg (constipation) not documented as given 22 22/22 at 12:30pm of client #2's ed: not available in client # 2's dications were in the overflow 22 the Licensee stated: the medication since the nger had left R more while interim home	V 118			

6899

Division of Health Service Regulation STATE FORM