PRINTED: 12/19/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
					10/11/2000		
		MHL092-922			12/	14/2022	
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, ST				
ALPHA H	OME CARE SERVICI	-S #9	KVILLE ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS		V 000				
	An annual and complaint survey was completed on 12/14/22. The complaint was unsubstantiated (Intake #NC00194163). A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.						
		sed for 6 and currently has a urvey sample consisted of clients.					
V 118	27G .0209 (C) Medication Requirements		V 118				
	only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administered current. Medication	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, legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The					
	(B) name, strength,(C) instructions for(D) date and time the	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					12/14/2022	
		MHL092-922	B. WING			
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	IOME CARE SERVIC	ES #0	KVILLE ROAD			
		WAKE FO	OREST, NC 2	7587		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLE DATE
V 118	Continued From page 1		V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	medications on the					
	 Admitted: 7/20/ Diagnosis: Para Physician's ord Tussin Dm (dextror (ozs), PRN (as nee Pain Relief 500 PRN (pain) Physician's ord 	anoid Schizophrenia er dated 2/21/22 revealed: nethorphan) Syrup 4 ounces				
		mg, PRN				
	12:05pm revealed	elief and Lorazepam were not				

STATE FORM

WQV111

If continuation sheet 2 of 3

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 12/14/2022	
		MHL092-922				
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	IOME CARE SERVIC	FS #9	KVILLE ROAD			
(X4) ID	SUMMARY STA		DREST, NC 27	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	 Been employed Duties included Did not see clie medication box Wasn't sure wh PRN's were in the g Didn't think the since he had been Interview on 12/8/2 Professional report Been employed She was respondications that in medications that in medications with pl and discarding exp She had been with a client #1's PRN Would call the ordered and in the Client #1 hadn' Client #1 was with a set of the set o	y had been in the group home working there 2 & 12/9/22 the Qualified ed: d since March/April 2022 nsible for overseeing the cluded cross-checking hysician orders, ordering refills ired medications working in other group homes jes and didn't notice client #1's e group home V's should have been in the client #1's PRN's were not in e last time he needed his pharmacist to get them group home t needed his PRN's in awhile <i>r</i> ery "vocal" on when he and as far as she knew, he				

WQV111