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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034-174	B. WING		12/2	0/2022	
NAME OF I				STATE ZID CODE	<u>, , , , , , , , , , , , , , , , , , , </u>	0/2022	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
LIPPARD LODGE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	20, 2022. Deficience This facility is licens category: 10A NCA Living for Adults with This facility is licens census of 6. The su	sed for the following service C 27G .5600C Supervised h Developmental Disabilities. sed for 6 and currently has a urvey sample consisted of					
V 118	census of 6. The survey sample consisted of audits of 3 current clients.  V 118 27G .0209 (C) Medication Requirements  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;		V 118				
	(C) instructions for (D) date and time the	administering the drug; ne drug is administered; and of person administering the					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			DATE SURVEY COMPLETED	
		MHL034-174	B. WING		12/2	0/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
LIPPARD LODGE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	(5) Client requests checks shall be rec	ge 1 for medication changes or corded and kept with the MAR appointment or consultation	V 118				
	interviews, the facil medications were a	views, observations, and ity failed to ensure administered on the written a affecting 1 of 3 clients (client					
	revealed: -Date of Admission -Diagnoses: "Major to Traumatic Brain -Hyperactivity Disor Developmental Dis I, most recent episor -Physician order as -Erythromycin/Benz	Neurocognitive Disorder due Injury, Attention Deficit der, Moderate Intellectual abilities, and Bipolar Disorder					
	medications on har	15/22 at 2:26 pm of client #3's nd revealed: coyl Peroxide 3-5% expired on					
	November and Dec -Erythromycin/Benz	2 of client #3's MARs for cember of 2022 revealed: coyl Peroxide 3-5% was ng applied nightly in					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (X3) DATE COMF		SURVEY PLETED			
		MHL034-174	B. WING		12/2	20/2022			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LIPPARD LODGE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE			
V 118	Continued From pa	ge 2	V 118						
		coyl Peroxide 3-5% was ng applied 12/1/22 through							
	Interview on 12/20/22 with client #3 revealed that staff administered her medication daily.								
		22 with staff #1 revealed: nager is responsible for on."							
	Interview on 12/20/22 with the Program Manager revealed: -"I and [staff #1] are responsible for reordering medications;" -"I was aware that one of the face creams had expired but unaware of the other one. He will send them both back to the pharmacy;" -He did not catch it and no one else told him that the medicine had expired.								

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