

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2022
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NAME OF PROVIDER OR SUPPLIER ADAMS FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 31 ABBOTT MOORE ROAD CLYDE, NC 28721
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(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 survey was completed on 12/7/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>drug. (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 review and interviews, the facility failed to follow the written order of a physician for 2 of 2 clients (Clients #1, #2). The findings are:</p> <p>Record review on 12/7/22 for Client #1 revealed: -Date of admission-6/7/19 -Diagnoses- ascending aortic aneurysm; Mild I/DD; Headaches; Congenital Heart Disease; Asthma; Generalized Anxiety Disorder; heartburn; Major Depressive Disorder, Recurrent, Moderate; Asthma.</p> <p>Physician ordered medication on 12/7/22 included: -Ziprasidone 60mg(milligram) (antipsychotic) - 1 capsule in AM and 2 capsules at bedtime.</p> <p>Record review on 12/7/22 for Client #2 revealed: -Date of admission-5/1/13 -Diagnoses- Autism, Severe Intellectual Disability, Obsessive Compulsive Disorder, Intermittent explosive do, Bipolar.</p> <p>Physician ordered medication on 12/7/22 included: -Lithium 450mg (mood stabilizer) - 1 tablet in</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>am, ½ tablet in pm -Risperidone 4 mg (antipsychotic) - 1 tablet in am -Risperidone 2 mg - 1 tablet in pm -Diazepam 10mg (anxiety) - 1 tablet daily PRN (as needed)</p> <p>Interview on 12/6/22 with Staff #1 revealed: -Medications don't change often. Orders should be at the office.</p> <p>Interview on 12/7/22 with the Qualified Professional (QP) revealed: -Wasn't sure why previous orders were not in their electronic system unless they just had not been scanned. -It was very difficult getting orders from physicians or pharmacists.</p>	V 118		