Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R WING MHL020-009 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE PLEASANT VALLEY GROUP HOME MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A limited follow up survey for the Type B was completed on November 10, 2022. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) were DHSR - Mental Health reviewed for compliance. A deficiency were cited. DEC 05 2022 This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Lic. & Cert. Section This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. 11-28-22 To correct this V 118 27G .0209 (C) Medication Requirements V 118 deficiency, we have trained staff to 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: always compair the medications (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 being given with the (2) Medications shall be self-administered by clients only when authorized in writing by the fle and script while client's physician. (3) Medications, including injections, shall be they are prepairing administered only by licensed persons, or by unlicensed persons trained by a registered nurse. the medications. We pharmacist or other legally qualified person and privileged to prepare and administer medications. have also met with (4) A Medication Administration Record (MAR) of Guardian's to request all drugs administered to each client must be kept current. Medications administered shall be they always brir 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; Division of H LABORATORY TATIVE'S SIGNATURE 11-28-22

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V 118	(D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record file followed up by app with a physician. This Rule is not met a Based on observations interviews, the facility of the control of t	drug is administered; and person administering the medication changes or ded and kept with the MAR pointment or consultation as evidenced by:	V 118	to us after all Or. In addition, the of Home manager wi review all med Scripts and both Month as the ne MAR is being go The Administrator review meds, pri prescriptions, and	stoup Il ications, less every w months executed. will nted the	
	and the MARs were ke client (Clients #1 and #	ept current for each audited \$3). The findings are: Client #1's record revealed: 2000 stardation,		MAR on the fire day of every new month to ensure a agree and are con	all	
	#1 revealed: -Fluvoxamine Maleate mouth twice daily (moo -Physician's order date Review on 11-9-22 of th (9th-31st) and Novemb #1 revealed: -Fluvoxamine Maleate s one tablet by mouth the	d 6-6-22. ne MARs for October er (1st-9th) 2022 for Client 50 milligram (mg) - Take		the Administrator be responsible for a sure all medical are recorded con into the MAR and being given as pretty will do this on the first of e	naking nons rectly dare escribed	

PRINTED: 11/22/2022 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING MHL020-009 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE PLEASANT VALLEY GROUP HOME MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 month. V 118 Continued From page 2 Interview on 11-9-22 with Client #1 revealed: -She was not able to acknowledge that she took medication. "I don't know, ask [Administrator]." Observation on 11-9-22 at 11:05 am of the medications for Client #1 revealed: -Fluvoxamine Maleate 50mg - Take one tablet by mouth twice daily. -Date dispensed - 8-7-22. Review on 11-9-22 of Client #3's record revealed: -Admission date: 12-1-1993 -Diagnoses: Mild Mental Retardation, Depression, Obesity, and Menorrhagia Review on 11-9-22 of Physician's order for Client #3 revealed: -Paroxetine (Hydrochloride) HCL 10mg - Take one tablet by mouth every morning (anxiety). -Physician's order dated 7-1-22. Review on 11-9-22 of the MARs for October (9th-31st) and November (1st-9th) 2022 for Client #3 revealed: -Paroxetine HCL 10mg - Take one tablet by mouth every evening. -MARs for Client #3 had been initialed to indicate medication had been administered as one tablet in the evening. Observation on 11-9-22 at 11:30 am of the medications for Client #3 revealed:

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-Paroxetine (Hydrochloride) HCL 10mg - Take

Interview on 11-9-22 with Client #3 revealed: -That she took medication and knew the purpose

one tablet by mouth every morning. -Date Dispensed - 9-1-22.

of her various medications.

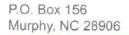
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		-Was not 100% certain as prescribed. Interview on 11-9-22 w -Normally works 11am medications at 4 pm"I read the bottle" -"I make sure the bottle" -"I make sure the bottle" -"I don't think I have ev (with MARs and bottles" -"Usually there is a pos a med (medication) character in the bottle" -"Usually there is a pos a med (medication) character in the bottle" -"I know who gets what in a while I will glance a" Interview on 11-9-22 w -"I know who gets what in a while I will glance a" -"Down here I am used look at the bottle and the" -The House Manager a usually "pretty up on has changed." Attempts to interview the elephone on 11-9-22 and	with Staff #1 revealed: to 6 pm and only gives e and the book match." ver run across that issue is not matching)." (medication error) it if I st it note that so and so has ange." been a note on this one been signing off on this ation)." ith Staff #2 revealed: t (medication). Every once at the bottle." to what they get. I know to be sheet." hely happen every now and and the Administrator are it and tell me if something e House Manager via and 11-10-22 were il messages were left but d 11-10-22 with the d the House Manager "	V 118				
_	d	lay). Not sure how it go	t changed. All of us					

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		missed that." "Every quarter we go and MARs." "Those just slipped the "Clearly the staff arendidn't even notice." -The House Manager direct changes to the Identification of the month of the second of the secon	through PRNs (as needed) arough." I't reading the bottles. I is responsible for making MAR. e when we hand it out if catch it." Is up all medication from the es all the MARs at the in. Is responsible for making In concerns or issues when off, she is available if of that burdentechnically If the Plan of Protection by the Administrator on will the facility take to e consumers in your care? Frect the MAR to fix the ill then provide training to Direct Support match the printed labels on to the MAR everytime they ministrator will contact the it up a system where we oftion every time a resident inged in any way. The p Home Manager will the printed scripts and the of every month to ensure	V 118				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHL020-069 MHL020-069 STREET ADDRESS, CITY. STATE, 2IP CODE 33 GENTLE DOVE LANE MURPHY, NC 28566 MRICH STATE ADDRESS, CITY. STATE, 2IP CODE 33 GENTLE DOVE LANE MURPHY, NC 28566 MRICH STATE ADDRESS, CITY. STATE, 2IP CODE 34 GENTLE DOVE LANE MURPHY, NC 28566 MRICH STATE, STATE, STATE, STATE, STATE, 2IP CODE 36 GENTLE DOVE LANE MURPHY, NC 28566 MRICH STATE, STATE, STATE, STATE, STATE, STATE, ZIP CODE 36 GENTLE DOVE LANE MURPHY, NC 28566 MILTONIC STATE, STATE, STATE, STATE, STATE, ZIP CODE 37 GENTLE DOVE LANE MURPHY, NC 28566 MURPHY, NC 28566 PROVIDERS PLAN OF CORRECTION (EACH COMPRICTIVE ACTION SIGNLA) SIE (CROSS-REFERENCESTON SIGNLA) (CROSS-REFERENCESTON SIGNLA) (CROSS-REFERENCESTON SIE (CROSS-REFERENCESTON SIGNLA) (CROSS-REFERENCESTON SIE (CROSS-REFERENCESTON S		Division of	of Health Service Requi	ation				
NAME OF PROVIDER OR SUPPLIER PLEASANT VALLEY GROUP HOME STREET ADDRESS. CITY. STATE, ZIP CODE 33 GENTLE DOVE LANS MURPHY, NC 23906 WILPHY, NC 23906 V118 PROVIDER'S PLAN OF CORRECTION (EACH DEPICIONO'M MUST BE PROCEEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 5 The Administrator will correct the MAR today, 11/10/122. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and what to do if a discrepancy is found. Finally, the Administrator will meet with the Group home manager on the first Friday of every month to review the MAR, the Scripts, and the bottle labels to make sure everything is correct." The facility served clients whose diagnoses included Mental Retardation, Depression/Anxiety, Legally Blind, Mills Mental Retardation, Desity, and Menorrhagia. The MARs and physician's orders did not match for one medication each for Client #1 and #3. Client #1's Fluvoxamine Maleate had been prescribed as twice daily since 8-7-22 but had been transcribed to the MAR and given three times daily. Client #3's Peroxetine HCL had been prescribed as a daily medication to be given in the morning since 9-1-22 but had been transcribed to the MAR and given as an evening dose daily. The two medications had not been administered according to the prescription and the MAR was not kept current. This deficiency constitutes an imposed Type B rule violation which is detrimental to the health, safety, and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA					
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Office: (828) 837 - 787 Email: arcofcc@gmail.co

www.arcofccnc.org

To Whom it May Concern:

I would like to request and invite you back to review our deficiencies and the improvements we've made to resole them. We have everything corrected and in compliance as of today, November 28th 2022. I look forward to your follow up visit so we can resolve this issue.

Thank you

Arc of Cherokee/Clay