Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
MHL028-013		IDENTIFICATION NOMBER.	A. BUILDING: B. WING				
		MHL028-013			R 01/11/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STATE, ZIP CODE				
ROANO	KE TRAIL FACILITY		NOKE TRAIL				
			D, NC 27954				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on January 11, 2023. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
	This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.						
V 118	27G .0209 (C) Medication Requirements		V 118				
	 only be administered order of a person a drugs. (2) Medications shat clients only when an client's physician. (3) Medications, inclusion administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administered current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time the current is the strength. 	inistration: non-prescription drugs shall d 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 trained by a registered nurse legally qualified person and e and administer medications lministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL028-013		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:			
		B. WING		R 01/11/2023			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
ROANOP	E TRAIL FACILITY		NOKE TRAIL), NC 27954				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF			
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
V 118	Continued From page 1		V 118				
	(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.						
	facility failed to adm written order of a pl audited clients (#5)	views and interviews, the ninister medications on the hysician affecting one of three . The findings are: 3 of client #5's record revealed	:				
	- Admission date of - Diagnoses of Mild Disability, Dry Eye S Adjustment Disorde Traumatic Stress D						
	physician orders da	3 of client #5's signed ated 09/01/22 revealed: ne-treats allergies) - 1 spray ir daily.					
	MAR revealed: - Flonase - 1 spray - "OH" typed in the 12/17/22 at 8pm un	3 of client #5's December 2022 in each nostril twice daily. blocks for Flonase from til 12/22/22 at 8am. s of Flonase had been missed					
		23 client #5 stated she					
ision of He ATE FORM	ealth Service Regulation		6899 KV	/QR11	IF (1)	ation sheet 2	

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		SURVEY
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL028-013	B. WING			R 11/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
ROANOK	E TRAIL FACILITY		NOKE TRAIL), NC 27954			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page 2		V 118			
	received her medications daily as ordered.					
	 Interview on 01/11/23 the Habilitation Coordinator stated: "OH" was used when a medication was on hold. Client #5 administered Flonase with staff supervision. Client #5 had used to much Flonase and ran out. She understood there was a current order for Flonase and medications should be ordered prior to running out. 					
	stated: - There was some of Flonase. - If medications run emergency pharma	23 the Qualified Professional confusion as to client #5's a out there was a local acy for backup. up on the medication issue				
sion of He	ealth Service Regulation		6899	/QR11		1

KVQR11