

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1919 BOAZ ROAD</b> <b>RALEIGH, NC 27610</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 2/10/23. The complaint was unsubstantiated (#NC00197341).Deficiencies were cited.</p> <p>This facility is licensed for the following service category : 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 and currently has a census of 1. The survey sample consisted of audits of 1 current client, 1 former client.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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>	V 118		

Division of Health Service Regulation  
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>(E) name or initials of person administering the 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 interview the facility failed to follow physician's orders for one of one client (#1). The findings are:</p> <p>Review 1/25/23 of client #1's record revealed the following,</p> <ul style="list-style-type: none"> <li>- admission: 4/22/22</li> <li>- diagnoses: Schizoaffective Disorder, Bipolar Type, Generalized Anxiety Disorder and Post Traumatic Stress Disorder</li> <li>- FL 2 dated 2/6/22 Lithium 20mg take 1 capsule by mouth daily (mood disorder)</li> </ul> <p>Review 1/25/23 of client #1's December 2022 and January 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- No Lithium 20mg listed as medication given</li> </ul> <p>Observation on 1/25/23 of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>- No Lithium 20mg medication present</li> </ul> <p>Interview on 1/25/23 the License Practical Nurse reported:</p> <ul style="list-style-type: none"> <li>- Client #1 had not been on that medication since she was discharged from the hospital</li> </ul>	V 118		

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V 118	Continued From page 2  - The doctor checks her medications monthly  Interview on 1/25/23 the clients Primary Care Doctor reported - That medication must had been an oversight - There should be a discontinue order for the Lithium	V 118		