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	
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		-120
		MHL005-021	B. WING		02/1	7/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
HENSLEY	HOME		ST STREET			
			FERSON, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was 2023. Deficiencies we	s completed on February 17, ere cited.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.				
	The facility is licensed for 6 and currently has a census of 4 clients. The survey sample consisted of audits of 3 current clients.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	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; (C) instructions for administering the drug; (D) date and time the drug is administering the drug.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL005-021	B. WING		02/17/202	3
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE		
HENSLEY	HOME		ST STREET FFERSON, NC 2	28694		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COM	X5) IPLETE ATE
V 118	(5) Client requests for checks shall be record	e 1 medication changes or ded and kept with the MAR pointment or consultation	V 118			
	kept current and failed	n, record review and hiled to ensure the hation Records (MARs) were hation to administer medications hibed for one of three audited				
	-Admitted on 9/1/17Diagnoses of Intellect Disability (IDD), Mild, Disorder, Corticobase Dystonia, Syncope ar Migraine, History of C Dysphagia, Gastroes Hiatal Hernia, Arthritis Cerebrovascular Acci Parkinsonism1/26/23 physician's of (diuretic) 12.5 milligra	Other specified Depressive all Disease, Seizure Disorder, and Collapse/Fainting, obstructive Sleep Apnea, ophageal Reflux Disease, s, Chronic back pain, and dent secondary to				
	medication revealed: - Hydrochlorot 12.5mg	23 at 2:50 pm of Client #2's g 1 tablet every day - if tre is less than 110 hold and				

Division of Health Service Regulation

STATE FORM 6899 4YK911 If continuation sheet 2 of 5

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	
MHL005-021		B. WING		02/17/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
HENSLEY	HOME		ST STREET		
			FERSON, NC	28694	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 118	Continued From page	2	V 118		
	2/2/23 through 2/16/2 next to the opened sking and the opened sking and the opened sking are sking as a sking and the opened sking and the opened sking are sking as a sking and the opened sking are sking as a sking are sking are sking are sking as a sking are sking a	cd in the bubble pack. If Client #2's February 2023 et" revealed: was not recorded on 2/1/23. Client #2's MARs from the revealed: 5 mg was not listed. With Staff #1 revealed: ions she compared the in bubble pack to make sure ient #2's Hydrochlorot was s. With Staff #2 revealed: Hydrochlorot to Client #2 as the that the medication was			
		Client #2's Hydrochlorot			
		she was sick and left work			
	revealed: -She was not aware 0 not listed on the MAR	with the Registered Nurse Client #2's Hydrochlorot was s. he 2/1/23 dose had not been			
V 123	27G .0209 (H) Medica	ation Requirements	V 123		

Division of Health Service Regulation

STATE FORM 6899 4YK911 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL005-021	B. WING		02	2/17/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
HENSLEY	HOME		CUST STREET EFFERSON, NC 28	694		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 123	Continued From page 10A NCAC 27G .020 REQUIREMENTS		V 123			
	(h) Medication errors and significant adver- reported immediately pharmacist. An entry and the drug reaction	. Drug administration errors se drug reactions shall be to a physician or of the drug administered a shall be properly recorded client's refusal of a drug				
	This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that medication errors were reported immediately to a physician or pharmacist for one of three audited clients (#2). The findings are:					
	-Admitted on 9/1/17Diagnoses of Intelled Disability (IDD), Mild, Disorder, Corticobase Dystonia, Syncope at Migraine, History of Opysphagia, Gastroes Hiatal Hernia, Arthritic Cerebrovascular Acci Parkinsonism1/26/23 physician's of (diuretic) 12.5 milligra	Obstructive Sleep Apnea, cophageal Reflux Disease, s, Chronic back pain, and				
	Observation on 2/16/	'23 at 2:50 pm of Client #2's				

Division of Health Service Regulation

STATE FORM 6899 4YK911 If continuation sheet 4 of 5

Division of Health Service Regulation

MHL005-021 MHL005-021 B. WINNG			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER #ENSLEY HOME **STREET ADDRESS, CITY, STATE, ZIP CODE** 306 LOCUST STREET WEST JEFFERSON, NC 28694 **PROVIDER'S PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **V123** **V124** **V125** **Continued From page 4 medication revealed: - Hydrochlorot 12.5mg 1 tablet every day - if Systolic Blood Pressure is less than 110 hold and notify nurse 2/1/23 dose remained in the bubble pack. **Review on 2/16/23 of Client #2's February 2023 **Vital Signs Flow Sheet' revealed: - Her blood pressure was not recorded on 2/1/23. **Interview on 2/16/23 with Staff #2 revealed: - She worked the morning of 2/1/23, but that was the day she was sick and left work early. **Interview on 2/17/23 with the Registered Nurse revealed: - She was not aware the 2/1/23 dose had not been given Staff should have notified her and reported the medication error to her She would have done an incident report and				A. BOILDING.	A. BOILDING.			
HENSLEY HOME 306 LOCUST STREET WEST JEFFERSON, NC 28694 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 123 Continued From page 4 medication revealed: - Hydrochlorot 12.5mg 1 tablet every day - if Systolic Blood Pressure is less than 110 hold and notify nurse 2/1/23 dose remained in the bubble pack. Review on 2/16/23 of Client #2's February 2023 "Vital Signs Flow Sheet" revealed: - Her blood pressure was not recorded on 2/1/23. Interview on 2/16/23 with Staff #2 revealed: - She worked the morning of 2/1/23, but that was the day she was sick and left work early. Interview on 2/17/23 with the Registered Nurse revealed: - She was not aware the 2/1/23 dose had not been given Staff should have notified her and reported the medication error to her She would have done an incident report and			MHL005-021	B. WING		02/1	7/2023	
Cantinued From page 4 West Jefferson, NC 28694 PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) V 123 V 123 Continued From page 4 West and the page of the	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
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	V 123	medication revealed: - Hydrochlorot 12.5m: Systolic Blood Pressure notify nurse 2/1/23 dose remaine Review on 2/16/23 of "Vital Signs Flow Shee - Her blood pressure Interview on 2/16/23 of -She worked the month day she was sick Interview on 2/17/23 of revealed: -She was not aware to givenStaff should have no medication error to be -She would have don	g 1 tablet every day - if ure is less than 110 hold and ed in the bubble pack. Client #2's February 2023 eet" revealed: was not recorded on 2/1/23. with Staff #2 revealed: rning of 2/1/23, but that was and left work early. with the Registered Nurse he 2/1/23 dose had not been tified her and reported the er. e an incident report and	V 123				

Division of Health Service Regulation

STATE FORM 6899 4YK911 If continuation sheet 5 of 5