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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL014-088	B. WING		03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE BAK	ER HOME	4856 SAG	E MEADOW CII	RCLE		
THE DAIN	EKTIOME	HICKORY,	NC 28601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE	
V 000	INITIAL COMMENTS	;	V 000			
		-up survey was completed A deficiency was cited.				
	The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.					
	_	d for 3 and currently has a vey sample consisted of ents.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons to the pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for according the control of	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the Iding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be of after administration. The efollowing:				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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. , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			3) DATE SURVEY COMPLETED	
MHL014-088			B. WING	B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADD THE BAKER HOME 4856 SAGI			DDRESS, CITY, STATE, ZIP CODE GE MEADOW CIRCLE 7, NC 28601				
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	(5) Client requests for checks shall be recor	e 1 r medication changes or ded and kept with the MAR pointment or consultation	V 118				
	This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to obtain physician orders for the medications administered to one of two audited clients (Client #1) and failed to administer medications to the client as prescribed for one of two audited clients (Client #2). The findings are:						
	-Admitted 5/4/15Diagnoses of Modera Developmental Disab Bipolar Disorder, Uns Unspecified Disruptiv	ility, Unspecified Psychosis, pecified Impulse Disorder, e Mood Dysregulation alized Anxiety Disorder.					
	medications revealed -Buspirone (anxiolytic mg (milligrams) - 1 ta -Propranolol (beta blo Release) 80 mg - 1 ca -Gabapentin (anticom 2 times a dayMetformin (anti-diabe	e) HCL (Hydrochloride) 10 blet 2 times a day. ocker) ER (Extended					

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		EIED		
		MHL014-088	B. WING		03/2	03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	-		
		4856 SAC	SE MEADOW CI	RCLE			
THE BAK	ER HOME	HICKORY	r, NC 28601				
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 118	Continued From page		V 118	,			
V 110	Continued From page	; 2	V 110				
	times a day.	chotic) 2 mg - 1 tablet 2					
	-Levothyroxine (thyro (micrograms) - 1 table						
		Client #1's Medication ds (MARs) from January					
	2023 to present date						
		ons were administered as					
	observed on the med						
	Review on 3/22/23 of Client #1's physician orders						
	obtained by the Alternative Family Living (AFL)						
	provider on 3/22/23 re						
		HCL 10 mg - 1 tablet 2 times					
	a day.						
	-8/8/22 - Propranolol ER 80 mg - 1 capsule daily. -9/1/22 - Gabapentin 100 mg - 1 capsule 2 times						
	a day. -11/29/22 - Metformir	n 500 mg - 2 tablets daily.					
		HCL 100 mg - 1 1/2 tablets					
	_	e 2 mg - 1 tablet 2 times a					
	-3/3/23 - Levothyroxir	ne 25 mcg - 1 tablet daily.					
	Review on 3/21/23 of -Admitted 3/13/23.	Client #2's record revealed:					
	-Diagnoses of Trauma	atic Brain Injury (TBI)					
		ersonality Change due to					
		t Disorder with Depressed					
		ny Unspecified, Epilepsy					
		ation, Type 2 Diabetes					
		ecified, Hypo-osmolality,					
	Hyponatremia, Hypot						
	Hypertension, and Ob Disorder.	osessive Compulsive					
		or for Polyothylana Clysol					
		er for Polyethylene Glycol 50 - Dissolve 17 grams in 8					

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					TE SURVEY MPLETED	
THE BAKER HOME 4856 SAGE MEADOW CIRCLE HICKORY, NC 28601 Common			MHL014-088	B. WING		03	/22/2023
C(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE COMMON TAG V 118							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 3 Observation on 3/21/23 at 4:01 p.m. of Client #2's medications revealed: -Polyethylene Glycol Powder 3350 - Dissolve 17 grams in 8 ounces of liquid daily. Review on 3/21/23 of Client #2's MAR from 3/13/23 to present date revealed: -Polyethylene Glycol Powder 3350 - Dissolve 17 grams in 8 ounces of liquid daily had no initials to indicate it was administered on 3/18/23 and 3/19/23. Interview on 3/21/23 with the AFL provider revealed: -She did not give Client #2's Polyethylene Glycol Powder dailyShe thought she was to give it every 3rd day if he did not have a bowel movementShe thought she had all of Client #1's physician orders but was unable to locate themShe would call the doctor immediately and obtain	5,		HICKOR	Y, NC 28601			
Observation on 3/21/23 at 4:01 p.m. of Client #2's medications revealed: -Polyethylene Glycol Powder 3350 - Dissolve 17 grams in 8 ounces of liquid daily. Review on 3/21/23 of Client #2's MAR from 3/13/23 to present date revealed: -Polyethylene Glycol Powder 3350 - Dissolve 17 grams in 8 ounces of liquid daily had no initials to indicate it was administered on 3/18/23 and 3/19/23. Interview on 3/21/23 with the AFL provider revealed: -She did not give Client #2's Polyethylene Glycol Powder dailyShe thought she was to give it every 3rd day if he did not have a bowel movementShe thought she had all of Client #1's physician orders but was unable to locate themShe would call the doctor immediately and obtain	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
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