PRINTED: 04/04/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-096	B. WING		04/	03/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VILDWO	OOD LANE GROUP HO	OME	DWOOD LANE M, NC 27253			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on April 3, 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 6. 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 a client's physician. (3) Medications, included administered only built unlicensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the distance of a person of the strength of the stren	inistration: non-prescription drugs shall ed 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 a trained by a registered nurse r legally qualified person and re and administer medications liministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

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V 118	(5) Client requests checks shall be rec	age 1 for medication changes or corded and kept with the MAR appointment or consultation	V 118			
	interview the facility orders for the medi three audited client administer medicat	et as evidenced by: ion, record review and / failed to obtain physician cations administered to one o s (Client #1) and failed to ions to the client as prescribed ted clients (Client #2). The				
	-Admission date of -Diagnoses of Seve Disability, Palsy; Ps -No physician order	ere Intellectual Developmental sychosocial Stressors. rs for Polymyxin Eye Drops, ected eye twice a day for 3				
	Observation on 4/3 medications reveal -Polymyxin Eye Dro					
	Administration Rec through April 3, 202	ition was initialed as	3			
vision of L		m; 3/29 @ 7:00 am and 8:00				

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 3

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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL001-096	B. WING		04/	03/2023
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
VILDWC	OOD LANE GROUP H	OME	DWOOD LANE M, NC 27253			
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	-April: -4/1 @ 7:00 an and 8:00 pm; 4/3 @ Interview on 4/3/23 -Client #1 had rece started having som did not have pink e history of tear duct -Client #1's family I them for her. -Staff at the home doctor's orders. -Agency's nurse all noticed the eye dro script as staff need drops. -Nurse reported that to Client #1 by her since client moved no longer be seein -Nurse would have script from the doc -Director acknowle eye drops had new home. -Director did not kr	m and 8:00 pm; 4/2 @ 7:00 am @ 7:00 am. B with the Director revealed: ently moved to the home. She he crust around her eye. She eye, but rather she had a clogging. had the eye drops and brought told them that they needed the so went by the home and ops and also asked family for ded it in order to administer the at drops had been prescribed former eye doctor, but that I to another county, she would ig that eye doctor. e still be able to get the old			.,	

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