

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROPES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10721 GLENLUCE AVENUE CHARLOTTE, NC 28213</b>		
(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	INITIAL COMMENTS  A follow up survey was completed on 04/21/2023. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.  The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000			
V 118	27G .0209 (C) Medication Requirements  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 administered; and (E) name or initials of person administering the drug.	V 118			

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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>(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 observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 1 or 2 audited Clients (#1). The Findings are:</p> <p>Review on 04/21/2023 of Client #1's record revealed: -18-years-old. -Admitted 07/16/2022. -Diagnosed with Autism Spectrum Disorder, Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder. -No medication order for Multivitamins.</p> <p>Review on 04/21/2023 of Client #1's MAR for April 1, 2023 - April 20, 2023 revealed: -Multivitamin administered from 04/01/2023 - 04/21/2023.</p> <p>Observation on 04/21/2023 at approximately 9:45 pm of Client 1's medications revealed: -Multivitamins dispensed by the pharmacy on 03/30/2023.</p> <p>Interview on 04/21/2023 with the Licensee/Executive Director/QP revealed:</p>	V 118			

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V 118	Continued From page 2  -"We do not have the med (medication) order." -"We requested it (medication order)."	V 118			