Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL0601500	B. WING		04/1	1/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE WIL	THE WILLIAMS HOME 7300 ROSEHALL DRIVE CHARLOTTE, NC 28227						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE	ILD BE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and com on 04/11/2023. The #NC00200441) was Deficiencies were of	s unsubstantiated.					
		sed for the following service C 27G .5600F Supervised e Family Living.					
		sed for 2 and currently has a urvey sample consisted of clients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person a drugs. (2) Medications shat clients only when at client's physician. (3) Medications, including administered only bunlicensed persons pharmacist or other	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be by licensed persons, or by a trained by a registered nurse, legally qualified person and					
	(4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for	e and administer medications. Iministration Record (MAR) of red to each client must be kept is administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; and drug is administered; and					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601500	B. WING		04/	11/2023	
	PROVIDER OR SUPPLIER	7300 ROS	DRESS, CITY, S EHALL DRIV FTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	(E) name or initials drug. (5) Client requests checks shall be rec	ge 1 of person administering the for medication changes or orded and kept with the MAR appointment or consultation	V 118				
	interviews, the facilimedications were a order of a physician Clients (#2). The Fi Review on 04/11/20 revealed: -22-years-oldAdmitted 07/24/20 -Diagnosed with Au Epileptic Seizure Di-No medication ord. Review on 04/11/20 January 01, 2023 -Benztropine (Seizu (tab); Take 1 tab by -Haloperidol (Antips by mouth twice dail -Trazodone (Sedati by mouth every nigl -Divalproex (Seizur capsules; Take 5 ca	ons, record reviews, and ity failed to ensure dministered on the written affecting 1 or 2 audited andings are: 23 of Client #2's record 14. tism Spectrum Disorder and sorder. ers. 23 of Client #2's MARs for March 31, 2023 revealed: ares) .5 (milligrams) mg tablets mouth twice daily. sychotic) 5 mg tabs; Take 1 tab y. ve) 100 mg tabs; Take 1 tab					

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	ER/SUPPLIER/CLIA CATION NUMBER:				3) DATE SURVEY COMPLETED	
MHLO	601500	B. WING		04/1	1/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
THE WILLIAMS HOME 7300 ROSEHALL DRIVE						
		TTE, NC 282				
(X4) ID SUMMARY STATEMENT OF DE PREFIX (EACH DEFICIENCY MUST BE PRE REGULATORY OR LSC IDENTIFYING	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
pm of Client #2's medications re-Benztropine .5 mg tabs; Take twice daily dispensed 02/21/202-Haloperidol 5 mg tabs; Take 1 twice daily dispensed 02/20/202-Trazodone 100 mg tabs; Take every night dispensed 03/29/20-Divalproex (Seizures) 125 mg capsules; Take 5 capsules by n 03/29/2023. Interview on 04/11/2023 with St-Did not have current medication #2"His (Client #2) mother controls I have been reaching out to her 2023 (to get the current orders) Interview on 04/11/2023 with the Professional revealed: -Did not have current medication #2"We contacted the pharmacy, release the information to us."	1 tab by mouth 23. tab by mouth 23. 1 tab by mouth 23. Sprinkles nouth twice daily aff #1 revealed: on orders for Client s his medications. since January ." e Qualified on orders for Client	V 118				

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