Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL014-088 03/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4856 SAGE MEADOW CIRCLE** THE BAKER HOME HICKORY, NC 28601 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on March 22, 2023. A deficiency was cited. The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. V 118 27G .0209 (C) Medication 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 (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 DHSR - Mental Health current. Medications administered shall be recorded immediately after administration. The MAY 1 1 2023 MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; Lic. & Cert. Section (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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AND PLAN OF CORRECTION IDENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL014-088	B. WING		03	03/22/2023
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
THE BAK	ER HOME		GE MEADOW CIR	CLE		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	Y, NC 28601	PD6///PE0/9 8/ 4/4		
PREFIX TAG	(EACH DEFICIENC	L'SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 118	(5) Client requests fo checks shall be recor	e 1 r medication changes or ded and kept with the MAR pointment or consultation	V 118			
	orders for the medicat two audited clients (Cl administer medication	, record review and ailed to obtain physician tions administered to one of				
	-Admitted 5/4/15. -Diagnoses of Modera Developmental Disabil	lity, Unspecified Psychosis, pecified Impulse Disorder, Mood Dysregulation ized Anxiety Disorder.				
-	medications revealed: -Buspirone (anxiolytic) mg (milligrams) - 1 table -Propranolol (beta block Release) 80 mg - 1 caple -Gabapentin (anticonvolutions) 2 times a dayMetformin (anti-diabet	ker) ER (Extended				

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MHL014-088		B. WING	B. WING		03/22/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	FATE, ZIP CODE			
THE BAK	ER HOME	4856 SAG	E MEADOW C	CIRCLE			
HICKORY, NC 28601							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
	-Risperidone (antipsyctimes a dayLevothyroxine (thyroic (micrograms) - 1 tables Review on 3/21/23 of CAdministration Records 2023 to present date results of the above medication observed on the medical Review on 3/22/23 of Cobtained by the Alternatorio provider on 3/22/23 revention of the aday8/8/22 - Propranolol E -9/1/22 - Gabapentin 10 a day11/29/22 - Metformin S-11/30/22 - Sertraline Hadily12/6/22 - Risperidone Service on 3/21/23 of Co-Admitted 3/13/23Diagnoses of Traumati Cognitive Disorder, Per TBI, Acute Adjustment I Mood, Encephalopathy Unspecified, Constipation Mellitus, Ataxia Unspecified, Constipation Mellitus, Ataxia Unspecified Constipation of the Powder (laxative) 3350-20 over 12/3/23 physician order 12/2/3/23 physician order 12/2/3/	chotic) 2 mg - 1 tablet 2 d hormone) 25 mcg t daily.  Client #1's Medication is (MARs) from January evealed: is were administered as eation bottles.  Client #1's physician orders eative Family Living (AFL) vealed: CL 10 mg - 1 tablet 2 times  R 80 mg - 1 capsule daily. 00 mg - 1 tablets daily. ICL 100 mg - 1 1/2 tablets  2 mg - 1 tablet 2 times a  25 mcg - 1 tablet daily.  lient #2's record revealed: c Brain Injury (TBI) sonality Change due to Disorder with Depressed Unspecified, Epilepsy on, Type 2 Diabetes ified, Hypo-osmolality, roidism, Essential essive Compulsive	V 118				
(	ounces of liquid daily.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED	
		\$8LU 04.4 000				
		MHL014-088	D. WING		03/	22/2023
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
THE BAK	ER HOME		GE MEADOW C	SIRCLE		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(Me)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
V 118	Continued From page	3	V 118			
	medications revealed: -Polyethylene Glycol F grams in 8 ounces of I	Powder 3350 - Dissolve 17 iquid daily.				
		e revealed: Powder 3350 - Dissolve 17 iquid daily had no initials to		AFL Provider attended Medicati Administration Review Training 03/30/2023 where the RN review Medication Administration procedures (including identifying routine medications v. PRN medications.	on wed	03/30/2023
	Powder dailyShe thought she was did not have a bowel n -She thought she had a orders but was unable	at #2's Polyethylene Glycol to give it every 3rd day if he novement. all of Client #1's physician		QP met with AFL provider on 03/30/2023 and reviewed client' medication list and ensure all routine medications are being gi and documented correctly on Mas prescribed. MARs were reviewed at this time by QP and reviewed again on 4/10/2023. A medications are currently being given as prescribed. QP will continue to review MARs month for correctness.  AFL Provider called physician of Client 1 and obtained signed ord	iven AR All ly	03/30/2023
				for all prescribed medications. Or Provided a physician's order form completed with all of client's prescribed medications that will a signed at all doctor's appointment with prescribing physicians. QP collect updated signed copy of physician's orders a minimum of quarterly to ensure these stay update.	get nts will	

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