STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICIATION NOMBER.	A. BUILDING:			
		MHL001-106	B. WING			R 15/2023
IAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
. & J HO	MES, INCRICHMON		HMOND AVENU			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	VE ACTION SHOULD BE COMP ED TO THE APPROPRIATE DA	
V 000	INITIAL COMMEN	ГS	V 000			
	An annual and Follow-up survey was completed on June 15, 2023. Deficiencies were cited.					
	This facility is licensed for the following service category; 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
		urrent census of 2. The surve of audits of 2 current clients.	₽y			
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administere					
	clients only when a client's physician.	all be self-administered by uthorized in writing by the cluding injections, shall be				
	administered only b unlicensed persons pharmacist or other privileged to prepar	by licensed persons, or by trained by a registered nurse r legally qualified person and re and administer medications	s.			
	all drugs administer current. Medication	Iministration Record (MAR) or red to each client must be ke s administered shall be ely after administration. The be following:				
	(A) client's name;(B) name, strength(C) instructions for	, and quantity of the drug; administering the drug;				
	(E) name or initials drug.	he drug is administered; and of person administering the for medication changes or				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-106			E CONSTRUCTION		(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED	
		B. WING			R 06/15/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		511 RICH	IMOND AVEN				
L&JHO	MES, INCRICHMON	ID AVENUE BURLING	GTON, NC 272	217			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF (PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO T DEFICIENC'		TION SHOULD BE	(X5) COMPLETI DATE	
V 118	Continued From pa	age 1	V 118				
		corded and kept with the MAR appointment or consultation					
	review the facility facurrent/accurate M	r, observation and record ailed to maintain a AR with medications recorded dministration, affecting 1 of 2					
	-Admission date of -Diagnoses of Autis	sm; Attention Deficit der; Insomnia; Obesity;					
	dated 3/8/22 revea	of client #1's physician's order led: ram (mg)- Take one tablet					
	Observation on 6/1 revealed: -Cetirizine was not	5/23 of client #1's medications available.					
	2023 through June -Staff had initialed to Cetirizine as given April 2023:	their names on the medication on the following dates:					
	-From 4/1-4/30 May 2023: -From 5/1-5/31 ealth Service Regulation						

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If continuation sheet 2 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILD	A. BUILDING:		
		MHL001-106	B. WING			R 15/2023
AME OF F	ROVIDER OR SUPPLIER		STREET ADDRESS, CI	TY, STATE, ZIP CODE		
& J HO	MES, INCRICHMON	ID AVENUE	511 RICHMOND AV BURLINGTON, NC	-		
(X4) ID	SUMMARY STATEMENT OF DEFICIENC		ID	PROVIDER'S PLA	AN OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY SC IDENTIFYING INFORM		CROSS-REFERENCE	/E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	COMPLET DATE
V 118	Continued From page 2		V 118			
	June 2023: -From 6/1-6/15					
	Review on 6/15/23 of www.webmd.com revealed: -Cetirizine is an antihistamine medicine that helps the symptoms of allergies.					
	Interview on 6/15/23 with the Qualified Professional revealed: -Client #1's physician prescribed Cetirizine for 14 days. Pharmacy did not get prescription to be given daily. -After 14 days, pharmacy did not refill the medication and did not place it inside the bubble					
			ne			
	continued to check reality, medication should have also ta	t match packs with M medication as given was not givenPha aken med off MAR. that facility failed to	n, but in Irmacy			

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