PRINTED: 06/27/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED R-C MHL0601471 06/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8532 OCHRE DRIVE **DAWKINS HOME** CHARLOTTE, NC 28215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow-up survey was completed on 6-16-23. The complaint was Abound Health confirms that all Medication Orders and MAR unsubstantiated (NC #00196518). A deficiency 07/05/2023 documents have been recorded on file of the Client's record and correctly issued for Medication Administration Recording. was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living For Alternative Family Living. This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of Corrective Action Steps audits of 1 current client and 1 former client. 07/06/2023 In order to monitor compliance with the Medication Administration Record and nedication orders (current, new, and changes), V 118 27G .0209 (C) Medication Requirements the QP will ensure that there will be corresponding V 118 documentation regarding immediate communication after all doctor appointments, medication changes and 10A NCAC 27G .0209 MEDICATION MAR updates in a O note I QP will train AFL DSP to utilize the REQUIREMENTS supporting documentation listed below in the AFL Home Binder for Direct Support (c) Medication administration: Staff to take to every medical appointment. (1) Prescription or non-prescription drugs shall Medication Communication Log
Physicians Authorization to administer prescription and over only be administered to a client on the written the counter medications order of a person authorized by law to prescribe c. The Medication Order Request Letter d. Medication Administration Helpful Hints (2) Medications shall be self-administered by 2. .DSP will schedule an appointment clients only when authorized in writing by the with QP after each medical appointment to ensure that medications and corresponding MAR are client's physician. updated and accurate (3) Medications, including injections, shall be administered only by licensed persons, or by 3.DSP will also request an after-summary unlicensed persons trained by a registered nurse, visit after each appointment pharmacist or other legally qualified person and 4.QP will review orders using the medication review tool and medication checklist by the 15th of each month 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:

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(A) client's name:

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

(B) name, strength, and quantity of the drug;(C) instructions for administering the drug;(D) date and time the drug is administered; and

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(vitamin D3 and vitamin B-12) to the MAR when

the order was changed (March 2023). -"Yeah he's (client #1) getting the right meds (medications), I didn't change it (physian's orders)

on the MAR for the new month. '