

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HIGHLAND VIEW LANE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 HIGHLAND VIEW LANE MILL SPRING, NC 28756
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 15, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p>MEASURES ALREADY IN PLACE IN PLACE AND PROCEDURE MANUAL STAFF FAILED TO FOLLOW MEDICATION ADMINISTRATION POLICY STAFF RE-EDUCATED BY [REDACTED] PA-C AND STAFF PASSED OUT MEDICATION 2 SUPERVISION - THIS HAPPENED ON VACATION - SO THE MEASURE PUT IN POLICY / PROCEDURE FROM THIS ADJUT FORWARD WILL BE ONE STAFF WILL BE ASSISTED TO ADMINISTER MEDICATION EXECUTIVE DIRECTOR WILL MONITOR THIS @ BEGINNING OF THE MONTH AND END OF MONTH</p>	6/21/23
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<p>RECEIVED JUL 03 2023 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
6/28/23

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
HIGHLAND VIEW LANE

STREET ADDRESS, CITY, STATE, ZIP CODE
**680 HIGHLAND VIEW LANE
MILL SPRING, NC 28756**

(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 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 observation, record review, and interview the facility failed to ensure a medication administered was immediately recorded in the client MAR affecting 1 of 2 clients (#2). The findings are:</p> <p>Review on 6/15/23 of Client #2's record revealed: -Admission Date: 11/24/06 -Diagnoses: Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder (D/O), Depressive D/O and Pedophilia -Physician Order dated 2/4/23 for the following medication: Bupropion HCL XL 150 milligrams (mg) (Depression), 1 tablet, every morning.</p> <p>Observation on 6/15/23 at 11:00AM of Client #2's MAR from April 1, 2023 to June 15, 2023 revealed: -blanks on the MAR for Bupropion from 6/10/23 to 6/15/23.</p> <p>Interview on 6/15/23 with Client #2 revealed: -took his medication every day and hadn't missed any.</p> <p>Interview on 6/15/23 with the Owner/AFL provider revealed: -facility staff had been very busy and had</p>	V 118	<p>This monitoring will be documented at ^{bx} monthly</p> <p>CURRENTLY SEEKING APPLICANTS DUE TO STAFF SHORTAGE - THIS WAS BEEN AN ONGOING ISSUE SINCE 2020 -</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HIGHLAND VIEW LANE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 HIGHLAND VIEW LANE MILL SPRING, NC 28756
---	--

(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 118	Continued From page 2 forgotten. -Client #2 had received his medication every day.	V 118	PLEASE SEE PAGE 1 of 3	