

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOOT STEPS TO SUCCESS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 THISTLEGATE TRAIL RALEIGH, NC 27610</b>		
(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	INITIAL COMMENTS  An annual survey was completed on 7/26/23. Deficiencies were 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 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements  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 drugs. (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 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOOT STEPS TO SUCCESS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 THISTLEGATE TRAIL RALEIGH, NC 27610</b>		
(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 record review and interview the facility failed to keep 1 of 2 audited clients (#1) MAR current and record immediately after administration. The findings are:</p> <p>Review on 7/24/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 4/22/21</li> <li>- diagnoses of Schizophrenia, Mild Intellectual Developmental Disorder &amp; Asthma</li> <li>- no physician order for the following medications listed on the June 2023 MAR:</li> <li>- Olanzapine 20mg (milligram) bedtime (Schizophrenia)</li> <li>- Quetiapine 400mg bedtime (Schizophrenia)</li> </ul> <p>Review on 7/26/23 of faxed physician orders for client #1 to the Division of Health Service Regulation revealed:</p> <ul style="list-style-type: none"> <li>- physician orders for Olanzapine &amp; Quetiapine</li> <li>- Olanzapine order: 15mg bedtime</li> </ul> <p>Review on 7/24/23 of client #1's June 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- no staff initials documented the entire month for Olanzapine &amp; Quetiapine</li> </ul> <p>During interview on 7/24/23 the Licensee reported:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOOT STEPS TO SUCCESS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 THISTLEGATE TRAIL RALEIGH, NC 27610</b>		
(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  - thought in June 2023 she spilled coffee on the MAR & had to rewrite - might have forgot to initial those medications - the clients get their medications daily	V 118		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure water temperatures (temp) were maintained between 100-116 degrees Fahrenheit (F). The findings are:  Observations on 7/24/23 of the facility water temp revealed the following: - kitchen sink was 123 degrees F - client #1 & #2's bathroom water temp was 123 degrees F  During interview on 7/24/23 Licensee reported: - checked water temps daily - water temp ranged around 110 - plan to look for another water thermometer	V 752		