

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL072-008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/23/2023
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NAME OF PROVIDER OR SUPPLIER TLC ON THE WATER	STREET ADDRESS, CITY, STATE, ZIP CODE 210 SOUNDWARD LANE HERTFORD, NC 27944
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(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 & follow up survey was completed on 6/23/23. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> <p>The facility is licensed for six clients and currently has a census of six. The survey sample consisted of audits of three current clients.</p>	V 000	<p>I will Be Sure to get all new Staff certified in Medication administration even if they are already licensed as a CNA, when hired all trainings will be done before staff works after training.</p> <p>Staff is now certified to pass medication (7-5-23)</p> <p>Karen Jenkins</p>	
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		

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

Karen Jenkins

TITLE

owner/admin

(X6) DATE

7-8-23

STATE FORM

6899

8CC211

DHSR - Mental Health

If continuation sheet 1 of 3

JUL 26 2023

Lic. & Cert. Section

Division of Health Service Regulation

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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 ensure one of three staff (#1) was trained in medication administration. The findings are:</p> <p>Review on 6/21/23 of staff #1's record revealed: -Hire date of 3/1/23 as a Direct Care staff. -No training present in medication administration.</p> <p>Interview on 6/21/23 staff #1 stated: -She had worked in the hospital and adult care facilities in the past. -Was a certified nurse assistant. -Had not been trained in medication administration since being hired in the facility.</p> <p>Interview on 6/21/23 the Licensee stated: -Hired staff #1 a few months ago. -Thought since she had trainings in medication administration in her past jobs that would be adequate. -Had recently thought about getting staff #1 trained in medication administration. -Staff #1 had not worked alone until recently and just started giving the clients medications in the last few days. -Will contact trainer to set up staff #1's training.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 118		

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V 118	Continued From page 2 and must be corrected within 30 days.	V 118		

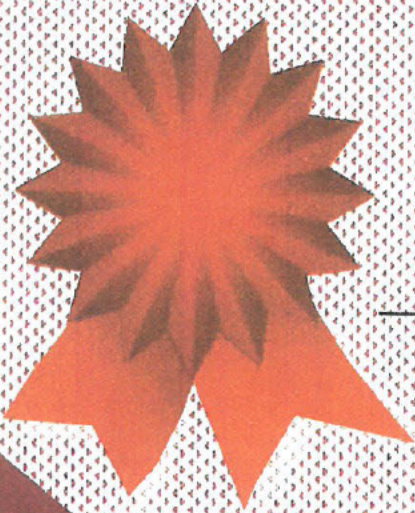
Certificate of Completion

is hereby granted to:



to certify that they have completed to satisfaction

Medication Administration & Diabetes Training



DATE : JULY 05, 2023

RN #

