Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NI IMPER:		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:		F	,		
		MHL092-248	B. WING		1	1/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
EVANS-WALSTON HOME 808 HAWKS VIEW COURT FUQUAY VARINA, NC 27526								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMEN	TS	V 000					
	completed on Augu	int and follow up survey was ust 1, 2023. The complaint was ake #NC00204186. A d.						
		sed for the following service C 27G 5600F Supervised family Living.						
		sed for 3 and currently has a urvey sample consisted of clients.						
V 118	27G .0209 (C) Med	dication Requirements	V 118					
	only be administered order of a person and drugs.  (2) Medications shad clients only when a client's physician.  (3) Medications, included and drugs administered only builties and persons pharmacist or othe privileged to prepare (4) A Medication Adall drugs administed current. Medication recorded immediat MAR is to include the (A) client's name;	ninistration: non-prescription drugs shall ed to a client on the written nuthorized by law to prescribe all be self-administered by nuthorized in writing by the cluding injections, shall be by licensed persons, or by s trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of red to each client must be kept as administered shall be ely after administration. The he following:						
	(C) instructions for	, and quantity of the drug; administering the drug; he drug is administered; and						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BUILDING.	<del></del>	 	,			
		MHL092-248	B. WING			1/2023			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
EVANS-WALSTON HOME 808 HAWKS VIEW COURT FUQUAY VARINA, NC 27526									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
V 118	(E) name or initials drug. (5) Client requests checks shall be rec	of person administering the for medication changes or corded and kept with the MAR appointment or consultation	V 118						
	interview the facility were administered physician for 1 of 3  Review on 7/31/23  admitted 7/11/2  diagnoses of: EDisorder, Mild Intell Disorder & Hyperte  no physician or Review on 7/31/23 2023 MAR revealed  Divalproex 2 Pour Observation on 7/3 following:  a physician's or 2 PO am & 1 PO be client #1's med PO am & 1 PO bed	ion, record review and refailed to ensure medications on the written order of a clients (#1). The findings are:  of client #1's record revealed: 22 Bipolar, Intermittent Explosive ectual Developmental nsion der for Divalproex (Bipolar)  of client #1's June 2023 & July d: O morning and 2 PO bedtime  1/23 at 4pm revealed the  reder dated 6/9/23: Divalproex: edtime ication bottle for Divalproex: 2							
	Professional) QP#								

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STATE FORM SVMK11 If continuation sheet 2 of 3

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			(X3) DATE SURVEY COMPLETED					
	7. BOILDING.	·	R					
MHL092-248	B. WING		08/01/2023					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
EVANS-WALSTON HOME 808 HAWKS VIEW COURT FUQUAY VARINA, NC 27526								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE					
V 118 Continued From page 2	V 118							
physician order for the Divalproex								
During interview on 7/31/23 staff #1 reporte - he transcribed the MARs based on the medication bottle labels - did not have the physician orders to transcribe the MARs  During interview on 7/31/23 the Licensee/C reported: - physicians escripted the physician orde the pharmacy - in the future will get the pharmacy to co physicians to place in the clients' records	QP ers to							

Division of Health Service Regulation STATE FORM