STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL032-267		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOWBER.	A. BUILDING:		R 08/08/2023	
		B. WING				
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
IXON RC	AD GROUP HOME		(ON ROAD M, NC 27707			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on August 8, 2023. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
	-	d for 5 and currently has a vey sample consisted of ents.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	<ul> <li>only be administered order of a person aut drugs.</li> <li>(2) Medications shall clients only when aut client's physician.</li> <li>(3) Medications, inclu administered only by unlicensed persons to pharmacist or other le privileged to prepare</li> <li>(4) A Medication Adm all drugs administered current. Medications recorded immediately MAR is to include the (A) client's name;</li> <li>(B) name, strength, au</li> <li>(C) instructions for au</li> <li>(D) date and time the</li> </ul>	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug;				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		COMP	(X3) DATE SURVEY COMPLETED	
		MHL032-267			R 08/08/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OAD GROUP HOME		(ON ROAD M, NC 27707				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
V 118	Continued From page 1		V 118				
	checks shall be recor	r medication changes or rded and kept with the MAR pointment or consultation					
	facility failed to admir	ew and interviews, the hister medications as of three audited clients					
	-Admission date of 8/ -Diagnoses of Moder Seizure Disorder, Sci Hypertension. -Physician's order da	ate Intellectual Disability,					
	revealed: -There were 3 bottles -Bottle with dispense mg tablets inside of b tablet once daily -Bottle with dispense mg tablets inside of b tablet once daily. -Bottle with dispense	2 at approximately 11:58 am s of Enalapril medication. date 7/21/23-There were 5 pottle. Label had take 5 mg date 5/1/23-There were 5 pottle. Label had take 5 mg date 4/6/23-There were 10 pottle. Label had take one					

JQE511

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-267			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING	08	R 08/08/2023		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IXON RO	AD GROUP HOME		(ON ROAD M, NC 27707			
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V 118	Continued From page 2		V 118			
	client #2 revealed: -Enalapril 10 mg, take listed. -Staff initials indicated administered twice a -Enalapril 10 mg was am and 8/1 thru 8/6 p Interview on 8/7/23 w revealed: -She had a physician file for client #2 to take day. -The medication was picked up by staff on Interview on 8/7/23 w -She knew there was Enalapril medication. -The August 2023 M/ twice a day, however bottles had give 5 mg -She thought she call also called again this	a administered on 8/1 thru 8/7 om. vith a Pharmacy Technician 's order dated 10/10/22 on the Enalapril 5 mg once a last filled on 7/21/23 and 7/27/23. vith staff #1 revealed: an issue with client #2's AR had give Enalapril 10 mg the medication label on the g. or's office and the call was led the doctor on 8/2/23. She last past weekend about the				
	listed on the MAR." -She knew client #2 v	#2. clients the medication as it is was getting Enalapril 10 mg t 2023 because that was the				
	way it was listed on the -She was giving client bottles with the 5/1/2					
	medication as admini Interview on 8/8/23 w revealed:	istered as ordered. vith the Executive Director				

Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		MHL032-267	B. WING		08	8/08/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
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V 118	Continued From pag	ie 3	V 118				
	#2's Enalapril incorre Director brought it to -Staff #1 did client #2 added the prescribed -She did not review t client #1 after staff # errors. -She confirmed the f medication as admin	the August 2023 MAR for 1 completed it to check for acility failed to ensure the histered as ordered. titutes a re-cited deficiency					

JQE511