Division of Health Service Regulation



Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES <br> AND PLAN OF CORRECTION | (X1) |
| :--- | :--- |
|  |  |
| NAME OF PROVIDER OR SUPPLIER |  |
| PATH OF HOPE, INC-ALPHA HOUSE |  |

$\qquad$ A. BUILDING: COMPLETED

MHL076-131

STREET ADDRESS, CITY, STATE, ZIP CODE
373 HILL STREET
ASHEBORO, NC 27203


FORM APPROVED
Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <br> MHL076-131 | (X2) MULTIPLE CONSTRUCTION <br> A. BUILDING:- $\qquad$ <br> B. WNG $\qquad$ |  | (X3) DATE SURVEY COMPLETED $R$ $\mathbf{0 6 / 2 7 / 2 0 2 3}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, <br> PATH OF HOPE, INC-ALPHA HOUSE 373 HILL STREET <br> ASHEBORO, NC $\mathbf{2 7 2 0 3}$  |  |  |  | ZIP CODE |  |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | $\begin{gathered} \text { ID } \\ \text { PREFIX } \\ \text { TAG } \end{gathered}$ | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |  |
| V 118 | Continued From page 2 <br> Review on $6 / 27 / 23$ of the Medication Administration Record from May-June 2023 revealed the following medication was self-administered and initialed by client \#1. May 2023: <br> -Quetiapine 300 mg tablet. <br> -Duloxetine 60 mg capsule. <br> -Atorvastatin 40 mg tablet. <br> -Mirtazapine 15 mg tablet. <br> -Omeprazole 20 mg tablet. <br> June 2023 <br> -There was no current June 2023 MAR. <br> Interview on 6/27/23 with the Program <br> Director/Qualified Professional revealed: <br> -Client \#1 received discharge medication from a previous facility. <br> -He was not aware the medication order was signed by an LPN rather than a physician. -Client \#1 would be scheduled to see a doctor to get current orders. <br> -Client \#1 did not have a self-administer order from the doctor. <br> -Client \#1 did not have a June 2023 MAR. <br> -Going forward no client would self-administer medication. |  | $\checkmark 118$ | Client has an appointment scheduled for 9/18/2023 at Daymark for a Psych Eval and medication overview. <br> Prescribing doctors medical information was obtained for Omeprazole and Quetiapine. Client has only been taking these two medications. <br> Staff has been administering client's medication and initialing on the MAR as reuired and will continue to do so going forward for all clients at both Alpha and Mangum Halfway Houses. |  |

