Division of Health Service Regul STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		DENTI TOATION NOMBER.	A. BUILDING:		R	
		MHL076-131	B. WING		06/27/2023	
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
		373 HILL	STREET			
PATH OF H	IOPE, INC-ALPHA HOU	SE ASHEBOI	RO, NC 27203			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  (X5)  COMPLETI  DATE		
V 000	INITIAL COMMENTS	3	V 000			
V 000	THITTING OOMMETTING					
	An annual and follow on June 27, 2023.	r-up survey was completed deficiencies were cited.				
	This facility is licensed for the following service			RECEIVED		
	category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults					
				By Laura Bryant at 4:4	6 pm, Aug 23, 2023	
	The facility is licensed for 6 and currently has a					
	census of 3.					
	The survey sample consisted of audits of 3					
	current clients.					
V 118	27G .0209 (C) Medi	cation Requirements	V 118	N 11		
	10A NCAC 27G .020	O MEDICATION				
	REQUIREMENTS	09 MEDICATION				
	(c) Medication admi	nistration:				
	(1) Prescription or n	on-prescription drugs shall				
	only be administered	d to a client on the written				
	order of a person at	ithorized by law to prescribe				
	drugs.	un and the state of the state o				
	(2) Medications sha	Il be self-administered by				
	clients only when at client's physician.	uthorized in writing by the	A)			
		luding injections, shall be				
		y licensed persons, or by				
		trained by a registered nurse,				
		legally qualified person and		*		
		e and administer medications.				
	(4) A Medication Ad	lministration Record (MAR) of				
		red to each client must be kept				
		s administered shall be				
		ely after administration. The				
	MAR is to include the	ne rollowing:				
	(A) client's name;	and quantity of the drug;				
		and quantity of the drug;				
	(D) date and time the	ne drug is administered; and				
	(E) name or initials	of person administering the				
Division of L	ealth Service Regulation	er bereer assumetering are	1		(X6) DATE	

STATE FORM 6899 IEJD11 If continuation sheet 1 of 3

Larry Jue, MA, LCAS, CCS 8/7/2023

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 06/27/2023 MHL076-131 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 373 HILL STREET PATH OF HOPE, INC-ALPHA HOUSE ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 | Continued From page 1 drua. (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. This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to have physician orders to administered medications, failed to have an order to self-administer, and failed to ensure the medication administration record was kept current affecting one of three audited clients (#1). The findings are: Review on 6/27/23 of Client #1's record revealed: - Admission date of 5/1/23. - Diagnosis of Stimulant Use Disorder Cocaine Severe. - Further review revealed no physicians' orders for the following medications: -Quetiapine 300mg tablet - take 1 tablet by (300mg) by mouth every morning. -Duloxetine 60mg capsule - take one capsule by mouth daily. -Atorvastatin 40mg tablet - take one tablet by mouth at bedtime. -Mirtazapine 15mg tablet - take one tablet by mouth at bedtime. -Omeprazole 20 mg tablet - take two capsules by mouth twice daily. -The orders were provided from a previous facility

Division of Health Service Regulation

and signed by a licensed practical nurse (LPN). -There was no self-administer order in the record.

IEJD11

Division of Health Service Regulation												
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED							
					R							
MHL076-131			B. WING		06/27	/2023						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
PATH OF HOPE, INC-ALPHA HOUSE ASUEROPO NC 27202												
ASHEBORO, NC 27203												
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE						
PREFIX	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE						
TAG	1120021101110111	,		DEFICIENCY)								
		0	V 118									
V 118	Continued From page 2		V 110									
	Review on 6/27/23 of											
	Administration Record from May-June 2023											
	revealed the following											
	self-administered and initialed by client #1.											
	May 2023:	ma tablet										
	-Quetiapine 300mg tabletDuloxetine 60mg capsuleAtorvastatin 40mg tabletMirtazapine 15mg tablet.											
				,								
-Omeprazole 20 mg tablet.												
	June 2023											
	-There was no o	current June 2023 MAR.										
	Interview on 6/27/23 with the Program											
	Director/Qualified Pr											
		lischarge medication from a		Client has an appointment sc	heduled							
	previous facility.  -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.  -Client #1 did not have a self-administer order from the doctor.  -Client #1 did not have a June 2023 MAR.			for 9/18/2023 at Daymark for	a Psych							
				Eval and medication overview	٧.							
				Prescribing doctors medical								
				information was obtained for								
				Omeprazole and Quetiapine.	Client							
				has only been taking these tw								
		lient would self-administer		medications.								
	medication.			Ctoff has been administering	oliont's							
				Staff has been administering medication and initialing on the	MAR							
				as reuired and will continue to	o do so							
				going forward for all clients at	both							
				Alpha and Mangum Halfway	Houses.							
1												