

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>QP RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 BROOKWOODDRIVE WINSTON SALEM, NC 27106</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 10/10/23. Deficiencies were 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>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p>	V 118	<p>DHSR - Mental Health</p> <p>OCT 23 2023</p> <p>Lic. &amp; Cert. Section</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Rud J. Jozala* 10/20/23

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Plan of Correction			
Please complete all requested information and mail completed Plan of Correction form to:		Partners	
NC Division of Health and Human Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718		QP Residential Care Lisa Gonzalez 336-902-3933 1468 Brookwood Drive Winston-Salem, NC 27106	
<b>Provider Name:</b>	QP Residential Care		
<b>Provider Contact Person for follow-up:</b>	Lisa Gonzalez 336-902-3933		
<b>Address:</b>	1468 Brookwood Drive Winston-Salem, NC 27106		
<b>Phone:</b>	336-902-3933		
<b>Fax:</b>	336-829-5905		
<b>Email:</b>	QPConsulting1@yahoo.com		
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V 118- This Rule is not met as evidenced by: Based on record reviews and interviews, the Licensee/Qualified Professional (QP) failed to maintain a MAR; failed to have written orders for prescribed drugs; and failed to obtain physicians' authorization</p> <p>V 119- This Rule is not met as evidenced by: Based on observations, and interviews, the facility failed to ensure all expired medication was disposed of in a manner that guarded against diversion or accidental ingestion</p> <p>V 120- This Rule is not met as evidenced by: Based on observation of medication bottles in client bedroom</p>	<p><b>TO CORRECT THE DEFICIENCY</b>—QP Residential Care will immediately enforce all medications entering our facility be disclosed <b>BEFORE</b> admission of the individual to our facility. The member/guardians will sign a document confirming that all medications have been disclosed and no other medications will be sent with consumer. There will be physician orders in place, physician authorizations and a Medication Administration Record for each individual that is completed daily for all medications. There will be a "Self Administer" letter in the individuals file when applicable. All medications will be checked and monitored closely to ensure that they are current, secured with a lock and disposed of in a manner that guards against diversion or accidental ingestion.</p> <p><b>TO PREVENT THE PROBLEM</b>— QP Residential Care will immediately enforce all medications entering our facility must be disclosed <b>BEFORE</b> admission of the individual to our facility and anytime a consumer leaves for</p>	<p>Director/Qualified Professional</p> <p>Qualified Professional and Group Home Staff</p>	<p>Implementation Date: 10/20/2023</p> <p>Projected Completion Date: <b>Ongoing</b></p>

**QP Residential Care**  
 1468 Brookwood Drive  
 Winston-Salem, NC 27106

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Finding	Corrective Action Steps	Responsible Party	Time Line
	<p>a family visit. The staff will monitor upon the consumer's return to the group home.</p> <p><b>WHO WILL MONITOR</b>—QP Residential Care staff and the Qualified Professional.</p> <p><b>HOW OFTEN</b>— QP Residential Care Staff will monitor all medications and MAR's daily when administering medication and when monitoring consumer's who self-administer their medications The QP will monitor throughout the month.</p>		