

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2023
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NAME OF PROVIDER OR SUPPLIER SHANNON'S COUNTRY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 757 MUDHAM ROAD WENDELL, NC 27591
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on November 13, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living</p> <p>The facility is licensed for two clients and currently has a census of two. The survey sample consisted of audits of two current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review the facility failed to ensure one of two (#1) clients MAR was current and medications were administered on the written order of a physician. The findings are:</p> <p>Review on 11/9/23 of client #1's record revealed: -Admission date of 8/1/23 -Diagnoses of Spina Bifida, Scoliosis, Paraplegia, Major Depression, Anxiety, Attention Deficit with Hyperactive Disorder (ADHD) and neurogenic bowel and bladder.</p> <p>Review on 11/9/23 of physician order dated 12/30/22 for "Hydrocortisone cream 2.5% cream, three times a day."</p> <p>Review on 11/9/23 of client #1's MAR for August 2022-November 9, 2023 was initialed three times a day for Hydrocortisone cream.</p> <p>Review on 11/9/23 of client #1's medications, Hydrocortisone was not present in the facility.</p> <p>Interview on 11/9/23 client #1 stated: -He did have the Hydrocortisone cream a few months ago. -Had not needed the cream for a while.</p>	V 118		

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V 118	Continued From page 2 Interview on 11/9/23 the Licensee stated: -Client #1 had the hydrocortisone cream when he first was admitted, but not sure when he ran out. -Had been initialing the MAR "because she is aware of it." -Had not been giving client #1 the hydrocortisone cream three times a day. -Had not received a refill for it, so just assumed he did not need it.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure the home was maintained in a safe and attractive manor free from odor. The findings are: Observation on 11/7/23 at 1:00 PM revealed: -Wheelchair ramp in front of the house was missing one side of the handrail. -An event tent was set up in the front yard with several dog cages underneath. -Stacks of metal bars were sitting to the side of the yard. -The front porch was covered with different sized delivery boxes. -Strong smell of dog and dog feces present. Observation on 11/9/23 at 9:00 AM revealed: -The home had a strong smell of dog odor.	V 736		

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V 736	<p>Continued From page 3</p> <p>Interview on 11/9/23 the Licensee stated:</p> <ul style="list-style-type: none"> -Currently had seven dogs in the home. -They foster dogs as well which is why they had the cages outside. -The dogs go outside to use the bathroom. -Dogs are caged most of the time inside the home. -No issues with the dogs biting the clients. -Had an event a few months ago and put the tent up. -Enjoyed sitting under it, so she had not taken it down. -Staff #1 built the wheel chair ramp for client #1. -Waiting for the piece to come in to finish the ramp. -The stacks of metal was left over from building the ramp. 	V 736		