

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/30/2023
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NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3709 ARBOR DRIVE RALEIGH, NC 27612
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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 and follow up survey was completed on 11/30/23. A deficiency was cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled.</p> <p>The facility is licensed for three clients and the survey sample consisted of three 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> <p>(5) Client requests for medication changes or</p>	V 118		

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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>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 and interview the facility failed to ensure MARs were kept current for one of three audited clients (Client #2). The findings are:</p> <p>Review on 11/30/23 of client #2's record revealed: -Admission date of 2/19/14 -Diagnoses of Autism, Mild Intellectual Developmental Disability, Hyperthyroidism, Hepatitis B and Seasonal Allergies.</p> <p>Review on 11/30/23 of client #2's physician orders revealed: -Bioten (supplement) 1,000- once a day 7/29/23 -Levothyroxine (thyroid) 150 mg once a day 8/30/23 -Lamotrigine (psychotropic) 100 mg once a day 10/17/23 -Fexofenadine Hcl (allergies) 180 mg once a day 3/21/22</p> <p>Review on 11/30/23 of client #2's MAR revealed the following medications not initialed -October MAR- Bioten 1,000 10/12/23-1/31/23 -November MAR- Levothyroxine 150 mg 11/19/23, Lamotrigine 100 mg 11/19/23, Fexofenadine Hcl 180 mg 11/5/23, 11/9/23-11/16/23, 11/19/23</p>	V 118		

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V 118	Continued From page 2 Interview on 11/30/23 the Qualified Professional stated: -MAR's should be initialed daily. -She along with the Group Home Manager checked them at least two times a month. -The Group Home Manager should have been checking these MAR's daily since she is in the facility. -Will speak with staff on making sure the MAR's are kept current.	V 118		