STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-026		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWIDER.	A. BUILDING:			
		MHL019-026	B. WING		R 02/08/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HATHA	M COUNTY GROUP H	10MF #1	RTIN LUTHER I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	completed on Febr was unsubstantiate deficiency was cited					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		sed for 5 and currently has a urvey sample consisted of clients.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered order of a person a drugs. (2) Medications sha clients only when a					
	administered only b unlicensed persons pharmacist or other privileged to prepar	cluding injections, shall be by licensed persons, or by a trained by a registered nurse r legally qualified person and re and administer medications Iministration Record (MAR) of				
	all drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;	red to each client must be kep s administered shall be ely after administration. The				
	(C) instructions for	administering the drug; he drug is administered; and				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-026			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWIDER.	A. BUILDING:			
		B. WING			R 02/08/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	ADRESS, CITY, STATE, ZIP CODE			
снатна	M COUNTY GROUP I	HOME #1	RTIN LUTHER I			
		SILER C	ITY, NC 27344			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page 1		V 118			
	drug. (5) Client requests checks shall be rec	of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on record refacility failed to enso one of three audited are: Observance on 2/7 at 10:30 a.m. revea	on) 325 milligrams (mg)				
	Review on 2/7/24 o -Admission date of -Diagnoses of Anxi Developmental Dis Obesity, Constipati	f client #1's record revealed: 10/28/82. ety, Moderate Intellectual ability, Hyperlipidemia, on, Cerumen Impaction Reflux Disease (GERD),				
	dated 3/29/23 revea -Ferrous Sulfate (Ir	f client #1's physician's orders aled: on) 325mg (65mg) (treat or ake 1 tablet once daily.				
	client #1 revealed:	f the medication record for R available for 12/2023.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-026		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			R 02/08/2024	
		B. WING					
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
НАТНА	M COUNTY GROUP I	HOME #1	RTIN LUTHER I	-			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 118	Continued From page 2		V 118				
	-There was no MAR available for 1/2024. -There was no MAR available for 2/1/24 through 2/7/24.						
	-"I gave him (client and I did sign (initia -"I look at the medi match the medication -"The medication lis medications, dosag look at the MARs to -"I can't explain wh was not found, but medication and sig	cation list and the MARs to ion." st has the name of the ges, and instructions; I then o match it." y the MAR with the iron vitamir I did give him (client #1) the ned (initialed) the MAR for it." Iron vitamin might be between	1				
	-"I did not notice that not in the medication -She "did give him based on the medication -The medication so that were on the Ma -"I would not have I was missing if she informed me of it to -"I thought I signed -"A MAR for the Iro	(client #1) the Iron vitamin cation schedule and the MAR.' chedule listed the medications AR. known the Iron vitamin MAR (Case Manager) had not	,				
	revealed: -She was responsil were in the client's -"The staff go by th when administering -"The medication list	with the Case Manager ble for ensuring the MARs medication record charts. e MAR and a medication list g medication." st has all of the clients ges, and administration					

HKV711

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN OF CONRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		R	
		MHL019-026	B. WING			≺)8/2024
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HATHA	M COUNTY GROUP I	HOME #1	RTIN LUTHER H ITY, NC 27344			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 118	Continued From page 3		V 118			
	instructions on it."					
	-"The medication list is used as a safety net." -"I'm beating myself up because I check to make sure every person's MAR is in the medication book."					
	-"I corrected the MAR today (2/8/24)." -She confirmed that she did not have the MARs					
		fate (Iron) for the months of				
	12/2023 through 2/	7/2024 for client #1.				
		stitutes a re-cited deficiency				
	and must be correc	cted within 30 days.				
	alth Service Regulation					

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