

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2024
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NAME OF PROVIDER OR SUPPLIER FOREST POND HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6019 FOREST POND DRIVE CHARLOTTE, NC 28262
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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, complaint and follow up survey was completed 2-26-24. The complaint was unsubstantiated (#NC00211888). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for one and currently has a census of one. The survey sample consisted of audits of one current client.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</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</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>(E) name or initials of person administering the drug.</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 observation and interview the facility failed to ensure that medication was only dispensed by registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy effecting one of one client (Client #1). The findings are:</p> <p>Observation on 2-26-24 of Client #1's medications revealed: -Four pill dispensers with multiple pills in one section.</p> <p>Interview on 2-26-24 with the Alternative Family (AFL) provider revealed: -It made giving Client #1 her pills in morning easier if they were already put in the pill dispenser. -She did not know she was not supposed to do that. -From now on she would leave the pills in their original packaging until it was time to give them to Client #1.</p> <p>Interview on 2-26-24 with the Qualified professional revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-He did not know that medication could not be pre-dispensed into pill containers.</p> <p>-He would ensure that all medications remained in their original packaging.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118		