Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL059-101	B. WING		03/	07/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	RANCH FARM FAMI	6249 HA		VE ROAD		
		NEBO, N	C 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual survey of deficiency was cite	was completed on 3/7/24. A				
		sed for 3 and has a current survey sample consisted of an lients.				
V 118	27G .0209 (C) Mee	dication Requirements	V 118			
	 only be administer order of a person a drugs. (2) Medications sh clients only when a client's physician. (3) Medications, in administered only unlicensed person pharmacist or othe privileged to prepa (4) A Medication A all drugs administer current. Medication recorded immediation (A) client's name; (B) name, strength (C) instructions for (D) date and time to 	ninistration: non-prescription drugs shall ed to a client on the written authorized by law to prescribe all be self-administered by authorized in writing by the cluding injections, shall be by licensed persons, or by s trained by a registered nurse, er legally qualified person and re and administer medications. dministration Record (MAR) of ered to each client must be kept ns administered shall be tely after administration. The				

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
	MHL059-101			03/07/2024		
PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		<u></u>	
RANCH FARM FAMIL	Y HOME		E ROAD			
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
drug. (5) Client requests checks shall be rec	for medication changes or orded and kept with the MAR	V 118				
Based on record re facility failed to ensu- administered on the and that MARs wer	views and interviews, the ure medications were written order of a physician e kept current affecting 3 of 3	3				
-Date of admission: -Diagnoses: person spectrum disorder, stimulant use disord hallucinogen use di D deficiency. -Physician ordered -Melatonin 10m tablet at bedtime or -Multivitamin (s	3/3/22 ality disorder, autism alcohol use disorder, der, cannabis use disorder, sorder, dyslipidemia, vitamin medications included: ng (milligram) (insomnia) 1 dered 11/8/22. upplement) 1 tablet once dail					
revealed: -Melatonin was not on 1/1-1/31/24, 3/1- -Multivitamin wa	documented as administered ·3/4/24. (35 doses) as documented as	ł				
	PROVIDER OR SUPPLIER RANCH FARM FAMIL SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa drug. (5) Client requests is checks shall be rec file followed up by a with a physician. This Rule is not me Based on record re facility failed to ensu administered on the and that MARs wer audited clients (#1, Record review on 3 -Date of admission: -Diagnoses: person spectrum disorder, stimulant use disord hallucinogen use di D deficiency. -Physician ordered -Melatonin 10m tablet at bedtime or -Multivitamin (s ordered 6/23/23 and Review on 3/5/24 o revealed: -Melatonin was not on 1/1-1/31/24, 3/1- -Multivitamin was	OF CORRECTION IDENTIFICATION NUMBER: MHL059-101 MHL059-101 PROVIDER OR SUPPLIER STREET RANCH FARM FAMILY HOME 6249 HJ NEBO, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 drug. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 3 of 3 audited clients (#1, #2, #3). Record review on 3/5/24 for Client #1 revealed: -Date of admission: 3/3/22 -Diagnoses: personality disorder, autism spectrum disorder, alcohol use disorder, stimulant use disorder, cannabis use disorder, hallucinogen use disorder, dyslipidemia, vitamin D deficiency. -Physician ordered medications included: -Melatonin 10mg (milligram) (insomnia) 1 tablet at bedtime ordered 11/8/22. -Multivitamin (supplement) 1 tablet once dail ordered 6/23/23 and discontinued 12/14/23. Review on 3/5/24 of MARs 1/1/24-3/5/24 revealed:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL059-101 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST RANCH FARM FAMILY HOME 6249 HARMONY GROV NEBO, NC 23761 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 V 118 drug. (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. V 118 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 3 of 3 audited clients (#1, #2, #3). 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WING *ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RANCH FARM FAMILY HOME \$249 HARMONY GROVE ROAD NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIDE BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER'S PLAN OF (EACH DEFICIENCY WIDE BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER'S (CROSS-REFERENCED TO DEFICIEN Continued From page 1 V 118 V118 drug, (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. V 118 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 3 of 3 audited clients (#1, #2, #3). 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WING 03/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 6249 HARMONY GROVE ROAD RANCH FARM FAMILY HOME 6249 HARMONY GROVE ROAD E249 HARMONY GROVE ROAD WEBO, NC 28761 ID PROVIDER'S PLAN OF CORRECTION NUMBER: CROSS-REFERENCE TO THE APPROPRIATE Continued From page 1 V118 CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE DEFIDIENCY Continued From page 1 V118 V118 CROSS-REFERENCE TO THE APPROPRIATE Continued From page 1 V118 V118 CROSS-REFERENCE TO THE APPROPRIATE DEFIDIENCY Continued From page 1 V118 V118 TG CROSS-REFERENCE TO THE APPROPRIATE Display (5) Client requests for medication changes or checks shall be recorded and kept with the MAR TG FG file followed up by appointment or consultation with a physician and that MARs were kept current affecting 3 of 3 audited clients (#1, #2, #3). FG FG Record review on 3/5/24 for Client #1 revealed: -Date of admission: 3/3/22 -Diagnoses: personality disorder, autism spectrum disorder, cannabis use disorder, stimulant use disorder, dustim is upplement) 1 tablet once daily ordered	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		03/	03/07/2024	
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST ARMONY GROV				
BERRYB	RANCH FARM FAMIL	YHOME	NC 28761				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ge 2	V 118				
	traumatic stress dis disorder, vitamin D enuresis, anemia. -Physician ordered -Clonazepam 0 daily ordered 6/15/2 -Melatonin 10m ordered 2/9/24. -There was no order Review on 3/5/24 o Client #2 revealed: -Clonazepam was n administered 1/1-1/ -Melatonin 5mg 1/1-1/31/24. (31 do	affective disorder, bipolar, po sorder (PTSD), cannabis use deficiency, hypothyroidism, medications included: 0.5mg (anxiety) 1 tablet twice 23. ng (sleep) 1 tablet at bedtime er for Melatonin 5mg. f MARs 1/1/24-3/5/24 for not documented as (31/24 am doses. (31 doses) g was initialed as administered ses) ng was not documented as					
	-Date of admission -Diagnoses: border intellectual develop PTSD, attention de cerebral palsy, hype -Physician ordered included: -Lactase 3000iu (in tablet 3 times a day Review on 3/5/24 o Client #2 revealed: -Lactase was n administered 2 time	line personality disorder, mild mental disability, bipolar, ficit hyperactivity disorder, othyroidism. medications dated 12/1/23 ternational units) (digestion) 7 /. f MARs 1/1/24-3/5/24 for ot documented as es daily 1/1-3/4/24. (64 doses	1				
	-Understood what r	with Client #1 revealed: nedications he takes and why nin 10 milligrams which he	<i>I</i> .				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CALL CALL CALL CALL CALL CALL CALL CALL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL059-101			03/	03/07/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
BERRYB	RANCH FARM FAMIL	Y HOME	ARMONY GRO\ NC 28761	/E ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 118	Continued From pa	age 3	V 118			
	-Used to take a multivitamin but had not taken in a while.					
	Interview on 3/6/24 with Client #2 revealed: -Knew the names of medications she was prescribed but not the dosages. -Was administered medications at 8am and 6:30-7pm. -Was not aware of missing any medications.					
	-"takes somethir thyroid and when I -Medications were	with Client #3 revealed: ng for anxiety, depression, get angry take a prn." put in a blue cup and put on f us have a different color cup	."			
	-Did not get or kee kept at the office. S they had or didn't h -Had recently switc MARs. MARs eithe the office. They we meds (medications show up on the MA -"I can't believe I've	thed pharmacies and the er came from the pharmacy o ere not always correct. "Some) were discontinued but still R." e messed this up. I'm such a ney all got their medication as	r			
	-Visited the facility MARs and medicat	medications and was not				
	-Had spoken with t lactose for Client # with Staff #1 but die	with the Director revealed: he doctor's office about the 3. Had discussed changes d not write a new order for it. he administration without the				

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		MHL059-101	B. WING		03/	7/2024	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, S				
BERRYB	RANCH FARM FAMI		RMONY GROV NC 28761	/E ROAD			
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V 118	Continued From p	age 4	V 118				
	Quick MAR so tha	ed to switch to the electronic t medication administration d online and mistakes could be					
	ealth Service Regulatior						