

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-209 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/14/2024 |
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| NAME OF PROVIDER OR SUPPLIER A PLACE OF MY OWN, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 315 LOWER POND ROAD KANNAPOLIS, NC 28083 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 3-14-24. The complaint was unsubstantiated (#NC00213629). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600B Supervised Living for Minors with a Developmental Disability.</p> <p>This facility is licensed for three and currently has a census of three. The survey sample consisted of audits of three current clients.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that disaster drills were completed on each shift at least quarterly. The findings are:</p> | V 114 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 114 | Continued From page 1 Review on 3-14-24 of facility's disaster drill schedule for the second quarter of 2023 through the 1st quarter of 2024 revealed: -The 2nd quarter of 2023 had no 1st or 3rd shift disaster drill documented. -The 4th quarter of 2023 had no third shift disaster drill documented. Interview on 3-14-24 with the Executive Director revealed: -They would ensure that going forward, disaster drills would be completed on each shift, at least quarterly. | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements 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; | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>(C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the 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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure that all medications were dispensed only by a registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy and that medication was only administered with a written order signed by a physician, effecting three of three clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 3-14-24 at approximately 2:00 pm revealed: -Pill dispenser with Client #1's name on it had been filled for one week. AM had two pills, pm a had three pills. -Pill dispenser with Client #2's name on it had been filled for the week. AM had 9 pills, pm had 4 pills. -Pill dispenser with Client #3's name on it had been filled for the week. AM had 3 pills, pm had 3 pills.</p> <p>Review on 3-14-24 of Client #2's March 2024</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>MAR revealed: - Polyethylene glycol 17 grams with juice or water prn (as needed) (for constipation)</p> <p>Review on 3-14-24 of Client #2's physician's orders revealed: -No signed order for 17 grams of polyethylene glycol 17 grams with juice or water prn (as needed).</p> <p>Review on 3-14-24 of Client #3's March 2024 MAR revealed: -2 multivitamin gummy each morning. -Polyethylene glycol 17 grams with juice or water daily. (for constipation)</p> <p>Review on 3-14-24 of Client #3's physician's orders revealed: -No signed physician's order for 2 multivitamin gummy each morning. -No signed physicians order for Polyethylene glycol 17 grams with juice or water daily.</p> <p>Interview on 3-14-24 with the Qualified Professional revealed: -Putting the pills in a pill dispenser made giving the clients their medications easier. -She understood why that should not happen and would correct it immediately. -She would make sure that all medications had the correct orders signed by the physician.</p> | V 118 | | |