

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PATH OF HOPE, INC-MANGUM HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>841 EAST PRITCHARD STREET ASHEBORO, NC 27203</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 25, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults</p> <p>The facility is licensed for 10 and currently has a census of 7. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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 (E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PATH OF HOPE, INC-MANGUM HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>841 EAST PRITCHARD STREET ASHEBORO, NC 27203</b>
---	--

(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 118	<p>Continued From page 1</p> <p>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 record review, observation and interview the facility failed to ensure the MAR's were current for one of three audited clients (#1). The findings are:</p> <p>Review on 4/25/24 of Client #1's record revealed: -Admission date of 2/27/24. -Diagnoses of Alcohol Use Disorder.</p> <p>Review on 4/25/24 of Client #1's physicians order dated 1/29/24 revealed: -Gabapentin 300 mg - take one tablet by mouth twice a day (pain). -Methocarbamol 750 mg - Take two tablets by mouth twice a day (pain).</p> <p>Observation on 4/25/24 at 11:00 a.m. of Client #1's medications revealed: -All medications mentioned were available.</p> <p>Review on 4/25/24 of Client #1's MAR for April 2024 revealed blanks on the following dates: -Gabapentin 100mg - 4/5, 4/6, 4/7, 4/10, 4/11, 4/19 at 8 a.m. and 4/5, 4/6, 4/9, 4/10, 4/11 at 8 p.m. -Methocarbamol 750 mg - 4/5, 4/6, 4/7, 4/8, 4/10, 4/11, 4/19 at 8 a.m. and 4/5, 4/6, 4/9, 4/10, 4/11 at</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PATH OF HOPE, INC-MANGUM HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>841 EAST PRITCHARD STREET ASHEBORO, NC 27203</b>
---	--

(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 118	Continued From page 2  8 p.m.  Interview on 4/23/24 with the Executive Director/Qualified Professional revealed: -He was responsible for managing the MAR and ensuring compliance. -He facilitated staff meetings on Mondays and would remind staff to initial the MAR. -Staff would need to review medication administration training.	V 118		