	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL029024	B. WING			/29/2024
		I			04	/29/2024
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
HE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	DAF STREET TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
V 000			V 000	DEFICIENCY)		
1 000		5				
	An annual and follow up survey was completed on April 29, 2024. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
	The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.					
V 118	27G .0209 (C) Medication Requirements		V 118			
	10A NCAC 27G .020 REQUIREMENTS (c) Medication admin	istration:				
	only be administered	on-prescription drugs shall I to a client on the written thorized by law to prescribe				
	(2) Medications shall	be self-administered by the				
	administered only by	uding injections, shall be licensed persons, or by rained by a registered nurse,				
	privileged to prepare (4) A Medication Adn	egally qualified person and and administer medications. ninistration Record (MAR) of				
	current. Medications recorded immediatel	d to each client must be kept administered shall be y after administration. The				
	MAR is to include the (A) client's name; (B) name, strength, a	and quantity of the drug;				
	<ul><li>(C) instructions for a</li><li>(D) date and time the</li><li>(E) name or initials o</li></ul>	dministering the drug; e drug is administered; and f person administering the				
	drug. Alth Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL029024	B. WING		04/29/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	OAF STREET FON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pag	e 1	V 118			
	(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.					
	each client must be l to clients shall be ad persons trained by a or other legally qualit	as evidenced by: iew and interview, a MAR for kept current, and medications ministered by licensed registered nurse, pharmacist fied person privileged to ter medications. The findings				
	Finding I:					
	record revealed: -Admission date of 1 -Diagnoses of Mood Developmental Disal Headaches, and Ecz -8/31/23, physician-or -Sodium Fluoride F (tooth decay prevent -Topiramate 25 mg times daily.	Disorder, Mild Intellectual bility (IDD), Migraine zema. ordered: Plus 1.1 % Dental Cream ative) brush twice daily. I (migraine) 1 tablet (tab) two				
	-Tri-Estarylla Tab 1 (birth control) 1 tab d -1/4/24, physician-or (Cap) 20 milligram (r	g (sleep) 1 tab at bedtime. 8/35 mcg (micrograms) laily. dered Fluoxetine Capsule ng) (depression) 1 cap daily. dered Diclofenac Sodium 1%				
		s pain), rub 1 gram topically				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DOILDING.			
		MHL029024	B. WING		04	/29/2024
AME OF PF	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
HE WORI	SHOP OF DAVIDSON	-GROUP HOME #1 -W	DAF STREET			
			TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pag	je 2	V 118			
	on the joint up to four times daily. -1/25/24, physician-ordered Mupirocin Ointment 2% (infected skin lesions)apply to affect area two times daily. Reviews on 4/25/24 and 4/26/24 of Client #1's MAR for the months of February 2024, March 2024, and April 2024 revealed no staff initials and no explanations for the following medications at their administration times:					
	-Diclofenac Sodium-8 am, 12 pm, 4 pm and 8 pm from 2/1/24 through 2/29/24. -4 pm and 8 pm on 3/3/24, 8 am, 12 pm, 4 pm and 8 pm on 3/4/24 and 3/5/24, and 8 am, 12 pm, 4 pm and 8 pm from 3/8/24 through 3/31/24.					
	through 4/4/24, 8 am 4/8/24 and 4/9/24, 1 4/12/24, and 8 am, 1 4/13/24 through 4/25					
	(pm) dose times for 4/1/24 through 4/25/ -Sodium Flouride De	ental Cream in the am on				
	-Trazadone at the 8 -Tri-Estarylla at the a	d 4/16/24. horning (am) on 4/10/24. pm dose time on 4/10/24. am dose time on 4/10/24. am dose time on 4/10/24 and				
	Reviews on 4/25/24 and 4/26/24 of Client #2's record revealed: -Admission date of 1/6/97. -Diagnoses of Moderate IDD,					
	Schizophrenia-schiz type, Gastroesophag -8/11/23, physician-o	oaffective disorder-bipolar geal Reflux Disease (GERD).				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL029024	B. WING		04	1/29/2024
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		1/23/2024
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	DAF STREET TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page	e 3	V 118			
	(Calcium absorption) -Vascepa 1 gram (g issues), 1 tab daily. -Loratadine 10 mg -Lansoprazole Dela mg (GERD), 1 cap da -Therm-M Oral Tab daily. -3/12/24, physician-o 1 mg, 1 tab at bedtim Reviews on 4/25/24 at MAR for the months 2024 and April 2024 no explanations for th their administration ti -Anti-itch cream at th from 2/1/24 through 2 pm dose time from 3/ dose time on 3/4/24, am doses time from 3/ dose times on 3/12/2 am and 8 pm dose tim 3/31/24, and at the a 4/19/24 and 4/20/24. -Vascepa at the 8 am -Loratadine at the am	gm) (reduce cardiovascular (allergy), 1 tab daily. ayed Release (DR) cap 30 aily. (Vitamin deficiency), 1 tab ordered Benztropine Mesylate ne. and 4/26/24 of Client #2's of February 2024, March revealed no staff initials and he following medications at mes: e am and pm dose times 2/29/24, at the 8 am and 8 /1/24 through 3/3/34, 8 am 8 pm dose time on 3/5/24, 8 3/6/24 through 3/10/24, 8 am 24 and 3/13/24, and at the 8 mes from 3/20/24 through m and pm dose times from 24. am dose time on 4/10/24, h dose time on 4/10/24, am dose on 4/10/24. t the 8 am dose on 4/10/24 with Client #1 revealed: ven to her by staff and a that kept her calm through				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL029024	B. WING		04	4/29/2024
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	OAF STREET TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 pag	e 4	V 118			
	Interview on 4/25/24 -No problems taking given to her by staff. -She had never miss which included a vita and "calm me down Interview on 4/25/24 -She took medicine f -Medicines were give not missed any of her Interview on 4/25/24 -She was the Superv Monday through Frid -Relief staff worked t -Her job responsibilit client medications, d after medication was MARs from the week staff of errors on the -Client #1 did not use anymore; she used if -She was unable to I physician's order on -Client #2's anti-itch needed) medication Interview on 4/25/24 -She had never forgo medications. -She may have forgo	with Client #2 revealed: her medications which were ed taking her medications min, a medicine for diabetes pills." with Client #3 revealed: for anxiety and allergies. en to her by staff and she had er medicines. with Staff #1 revealed: visor in Charge and worked lay. he weekends. ies included administering ocumentation on the MARs given, reviewed the clients' acends and notified weekend MARs. e the Mupirocin Ointment t for 3 days. ocate a discontinued the Mupirocin Ointment. cream might be a PRN (as but was not certain. with Staff #2 revealed: otten to give clients their e it was routine to give				
	Coordinator revealed					
		her position mid-March 2024. rained by the Assistant				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL029024	B. WING		04	/29/2024
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
HE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -N	DAF STREET TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 5	V 118			
	the client medication: -She worked a shift for and felt overwhelmed not initial the clients' medications the more did give them their m -She has had medicat Interview on 4/26/24 revealed: -There should be a w any errors and blanks -The Supervisor in C correcting a MAR for -The MAR form they they were seeking ar -Administration on Cl and Client #2's anti-it Triamcinolone Acetor from their physician t medications were to or orders changed. -She and the Group I	ation management training. with the Assistant Director with the Assistant Director s on clients' MARs. harge should not be another staff. use is not "user friendly" and nother MAR form. ient #1's Mupirocin Ointment ch cream and Nystatin nide needed clarification o determine if the be continued as prescribed Home Coordinator would & issues and make sure the				
	Finding II:					
	revealed: -A rehire date of 2/6/2 -A medication training with no signature or r person privileged to p medications.	g certificate dated 2/14/24 name of a legally qualified prepare and administer f Staff #3's personnel record				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		MHL029024	DDRESS, CITY, STATE,		04/29/2024	
	ROVIDER OR SUPPLIER	509 SHC	DDRESS, CHT, STATE,	ZIP CODE		
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 6	V 118			
	-A medication training certificate dated 2/14/24 with no signature or name of a legally qualified person privileged to prepare and administer medications.					
	revealed: -A digital video disc ( medication training o -A registered nurse r medication paperwor test. -She could have a lo	f the staff.				
	This deficiency const and must be correcte	titutes a re-cited deficiency ed within 30 days.				
V 120	27G .0209 (E) Medic	ation Requirements	V 120			
	<ul> <li>well-lighted, ventilate and 86 degrees Fahr</li> <li>(B) in a refrigerator, i degrees and 46 degr refrigerator is used for shall be kept in a sep or container;</li> <li>(C) separately for ea</li> <li>(D) separately for ext</li> </ul>	ge: all be stored: ted cabinet in a clean, ed room between 59 degrees renheit; f required, between 36 rees Fahrenheit. If the pr food items, medications barate, locked compartment ch client; ternal and internal use; ter if approved by a physician edicate. maintains stocks of				

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If continuation sheet 7 of 9

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		MHL029024	B. WING		04	/29/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	DAF STREET TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 120	Continued From pag	e 7	V 120			
		North Carolina Controlled 5. 90, Article 5, including any nents.				
	This Rule is not met as evidenced by: Based on observation, record review and interview, all medication shall be stored separately for external and internal use. The findings are:					
	record revealed: -Admission date of 1 -Diagnoses of Mode Schizophrenia-schizo type, Gastroesophag -1/9/24, physician-or External Gel (arthritis on the joint up to fou -1/25/24, physician-or	erate IDD, oaffective disorder-bipolar geal Reflux Disease (GERD). dered Diclofenac Sodium 1% s pain), rub 1 gram topically				
	medication bin revea -Her prescribed Dick Gel and Mupirocin O	ofenac Sodium 1% External intment 2% were present in n bin and were not stored				
	record revealed: -Admission date of 1 -Diagnoses of Mode Schizophrenia-schize					

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If continuation sheet 8 of 9

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL029024	B. WING			/29/2024	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,		04	129/2024	
		509 SHC	DAF STREET				
HE WOR	KSHOP OF DAVIDSON-	GROUP HOME #1 -W	TON, NC 27292				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
V 120	Continued From page	e 8	V 120				
	-8/11/23, physician-o (psoriasis), apply pe ear two times daily. -1/17/24, physician-o Triamcinolone Acetor affected areas 3 time Observation on 4/25/ medication bin revea -Her prescribed anti-i Nystatin Triamcinolor present in her plastic kept separate from her Interview on 4/25/24 -Knew external and in be stored separate fr -Was not aware the of medications were stor medications were use Interview on 4/26/24 revealed: -External and interna stored separately from bags. -She did not know wh -She instructed the G place the external me immediately. -She would make cer	rdered Anti-itch cream 1 % a size amount to external rdered Nystatin hide Cream (rash), apply to is daily until rash clears. 24 at 10:56 am of Client #2's led: tch medication and the he Acetonide Cream were medication bin and were not er internal medications. with Staff #2 revealed: hternal medications were to					