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 R MHL054-178 B. WING 04/05/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 HOGES ROAD **ESSEX** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on April 5, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised RECEIVED Living for Adults with Developmental Disabilities. MAY 0 6 2024 This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of **DHSR-MH** Licensure Sect audits of 2 current clients V 118 27G .0209 (C) Medication Requirements V 118 V118 Ensuring that members are taking 10A NCAC 27G .0209 MEDICATION their medications as prescribed is REQUIREMENTS an importnat component of (c) Medication administration: Ambleside, Inc.'s service provision, (1) Prescription or non-prescription drugs shall and failure to administer medication only be administered to a client on the written as prescribed can cause negative order of a person authorized by law to prescribe outcomes for the individuals that we druas. serve. To that effect, Ambleside, Inc. (2) Medications shall be self-administered by will work diligently to prevent the clients only when authorized in writing by the issues that lead to this deficiency from client's physician. occuring again in the future. In order (3) Medications, including injections, shall be to prevent future instances of this administered only by licensed persons, or by deficiency, the following will occur unlicensed persons trained by a registered nurse, 1) The Ambleside, Inc. Medical Coordinator will monitor the e-MAR pharmacist or other legally qualified person and system on a daily basis. Any privileged to prepare and administer medications. instances of "Failure to record" on (4) A Medication Administration Record (MAR) of the e-MAR by staff will be addressed all drugs administered to each client must be kept immediately. Ambleside will first current. Medications administered shall be verify that the medication was recorded immediately after administration. The administered. In order to verify, the MAR is to include the following: Medical Coordinator (or other (A) client's name: designated staff member), will review (B) name, strength, and quantity of the drug: the bubble packs of the medication. (C) instructions for administering the drug; The Medical Coordiantor shall only be (D) date and time the drug is administered; and able to verify the med pass if initials (E) name or initials of person administering the of staff member and date on are the drug. bubble pack. Without these data points, Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

rector of Operations

(X6) DATE

If continuation sheet 1 of 5

Division of	of Health Service Re	gulation			(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E contant corner	COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NOMBER	A. BUILDING:			
			B. WING		04/05/2024	
		MHL054-178			0 11 00 12 02 1	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
2505 HOGES ROAD						
ESSEX KINSTON, NC 28504						
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V 118	Continued From page 1 (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.			The medication cannot be verifi		
				administered. In any instances the medication cannot be verificated administered, the Medical Coormust contact the pharmacist on report this instance as a med en	ed as dinator -call and rror, and	
				document on a Level 1 Indicent form. 2) As creams are not dispensed bubble pack, a new form shall be developed and implemented for	ed in a be or all	
	This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 2 clients (#2 and #3). The findings are: Finding #1:			creams utilized in this house. As a staff administers a cream/lotion has been prescribed by a physistaff will be required to indiate the administration, location of administration. This will ensure there is verification method for and lotions applied. 3) Finally, the Medical Coordinates	Any time on that ician, imme of inistration ed the ethat	Julak
	Review on 04/04/2 revealed: - 44 year old male - Admission date of Diagnoses of Modern Diagnoses of Modern Developmental Dischizophrenia, Ar Review on 04/03/2 medications order 03/06/24	of 07/10/17. oderate Intellectual sability (IDD), Diabetes, nemia and Hypothyroidism. 24 and 04/04/24 of client #2's rs revealed:		shall conduct a monthly review of the MARs for each member that resides this home. The Medical Coordinator will be responsible for reviewing the MAR, identifying any "missed med passes." If any "holes" are identified the medical coordinator will work towards resolution/identification of the source of the hole. Once the cause the issue, Medical Coordinator will complete Level 1 Incident Reports		
	- Furosemide (diu twice daily. - Haloperidol (ant 2mg/milliliter (ml)	retic) 40 milligrams (mg) - take ipsychotic) Concentrate - take 5ml (10mg) at bedtime.		(if not already completed) for emissed medication, or verify the was passed through the verification method identified above. Through these methods, we be we will be able to prevent these	e med eation beleve that	
	affected area three	intment (antibiotic) - apply to se times daily. 24 of client #2's January 2024		deficiencies from occuring aga future.	in in the	

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PRINTED: 04/09/2024 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL054-178 B. WING 04/05/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 HOGES ROAD **ESSEX** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 2 V 118 thru March 2024 MARs revealed the following: March 2024 - Furosemide - take one tablet twice daily at 8am and 2pm. - No staff initials to indicate the Furosemide was administered as ordered on 03/05/24, 03/13/24, 03/18/24, 03/19/24, 03/21/24, 03/22/24 and 03/28/24 at 2pm. - Mupirocin Ointment 2% - spread topically to affected area three times a day. - No staff initials to indicate the Mupirocin was administered as ordered on 035/05/24, 03/13/24, 03/18/24, 03/19/24, 03/21/24, 03/22/24 and 03/28/24 at 2pm. February 2024 Furosemide - take one tablet twice daily at 8am No staff initials to indicate the Furosemide was administered as ordered on 02/27/24 and 02/28/24 at 2pm. - Mupirocin Ointment 2% - spread topically to affected area three times a day. - No staff initials to indicate the Mupirocin was administered as ordered on 02/27/24 and 02/28/24 at 2pm. January 2024 - Furosemide - take one tablet twice daily at 8am and 2pm. No staff initials to indicate the Furosemide was

(10mg) at bedtime.

administered as ordered on 01/19/24 at 2pm. - Mupirocin Ointment 2% - spread topically to

- No staff initials to indicate the Mupirocin was administered as ordered on 01/19/24 at 2pm. - Haloperidol Concentrate 2mg/ml - take 5ml

- No staff initials to indicate the Haloperidol was

affected area three times a day.

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: __ AND PLAN OF CORRECTION 04/05/2024 B. WING_ MHL054-178 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2505 HOGES ROAD **ESSEX** KINSTON, NC 28504 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 118 Continued From page 3 V 118 01/21/24. Interview on 04/04/24 client #2 stated he received his medication as ordered. Finding #2: Review on 04/04/24 of client #3's record revealed: - 62 year old male. - Admission date of 01/15/97. - Diagnoses of Mild IDD, Schizoaffective Disorder, Sleep Apnea, Autism, Impulse Control Disorder, Hyperlipidemia and Depression. Review on 04/04/24 of client #3's medication orders dated 09/17/23 revealed: - Risperidone (antipsychotic) 3mg - take twice - Sertraline (antidepressant) 50mg - take once daily. Review on 04/04/24 of client #3's February 2024 MAR revealed the following: - Risperidone 3mg - take twice daily. - No staff initials to indicate Risperidone was administered on 02/26/24 at 8am. - Sertraline 50mg - take once daily. - No staff initials to indicate Sertraline was administered on 02/26/24. Interview on 04/04/24 client #3 stated he received his medications daily. Interview on 04/04/24 the Medical Coordinator stated: - Staff have frequent education on documentation of medications. Interview on 04/04/24 the Director of Operations stated:

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