STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R B. WING MHL074-159 04/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 OLD FIRETOWER ROAD **EVANS HOME** WINTERVILLE, NC 28590 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE 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 15, 2024. A deficiency was cited. This facility is licensed for the following service RECEIVED category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 6 and currently has a DHSR-MH Licensure Sect census of 6. The survey sample consisted of audits of 3 current clients. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION 10A NCAC 276.0209 REQUIREMENTS Medication Requirements (c) Medication administration: (1) Prescription or non-prescription drugs shall Facility Owner/Director Will require all Staff only be administered to a client on the written order of a person authorized by law to prescribe drugs. Who administer Medication (2) Medications shall be self-administered by clients only when authorized in writing by the To complete MAR client's physician. training as a refresher (3) Medications, including injections, shall be administered only by licensed persons, or by Tool. unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and A Daily reminder will be added to the MAR Log privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept book to remind Staff current. Medications administered shall be That Medications administered recorded immediately after administration. The MAR is to include the following: Will be recorded immediately after administration. (A) client's name: (B) name, strength, and quantity of the drug; Facility Director and QP Will Moniton The MAR (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. Documentation book to ensure Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE mon

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

R

04/15/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **EVANS HOME**

## 1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590

EVANS HOME		WINTERVILLE, NC 28590				
(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 1	V 118	That all staff members are documented me			
	(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.		documenting Meds as They are administered. Monitoring will be done Weekly.			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain an accurate MAR affecting 3 of 3 clients (#2, #5 and #6). The findings are:		weckiy			
	Review on 4/12/24 of client #2's record revealed: -70 year old femaleAdmission date of 6/15/07Diagnoses of Schizophrenia, Alcoholism, Tobacco Abuse and Hypertension.					
- - -	Review on 4/12/24 of client #2's physician orders dated 01/4/24 revealed: -Diltiazem (hypertension)360mg, 1 daily -Sertraline HCL (depression) 100mg, 1 1/2 daily -Rosuvastatin Calcium (cholesterol) 20mg, 1 at bedtime -Risperidone (schizophrenia) 3mg, 1 at bedtime					
F rd -l a -l a	Review on 4/12/24 of client #2's April 2024 MAR evealed: No initials to indicate the Diltiazem had been administered on 4/1/24 and 4/10/24 at 8am. No initials to indicate the Sertraline had been administered on 4/8/24 at 8pm.					
1- h 1-	No initials to indicate the Rosuvastatin Calcium ad been administered on 4/8/24 at 8pm. No initials to indicate the Risperidone had been th Service Regulation					

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING	G:					
		MHL074-159	B. WING			R 04/15/2024			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE					
EVANS HOME 1200 OLD FIRETOWER ROAD									
WINTERVILLE, NC 28590									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COI		(X5) COMPLETE DATE			
V 118	118 Continued From page 2		V 118						
	administered on 4/8/24 at 8pm.								
	-54 year old maleAdmission date of 1 -Diagnoses of Intelle Disability-Mild, Hype Obesity and Sleep A Review on 4/12/24 of dated 5/4/23 reveale -Atorvastatin (choles) Review on 4/12/24 of revealed: -No initials to indicate administered on 4/8/2 Review on 4/12/24 of -45 year old maleAdmission date of 2 -Diagnoses of include Developmental Disab	ectual Developmental artension, Prediabetes, apnea.  of client #5's physician orders ad: sterol)40mg,, 1 at bedtime.  of client #5's April 2024 MAR are the Atorvastatin had been 24 at 8pm.  of client #6's record revealed: 1/2/15.  ed Intellectual							
	revealed: -Fluvoxamine Maleati disorder) 100mg, 1 1/ -Risperidone 2mg, (m -Divalproex Sodium ( (ER) (bipolar disorder bedtime.	e (obsessive compulsive /2 tab twice daily. nood), 1 2 times daily. SOD) Extended Release r) 500mg, (mood) 2 at							
	-No initials to indicate had been administere	the Fluvoxamine Maleate at 4/8/24 at 8pm. the Risperidone had been							

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FORM APPROVED 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 MHL074-159 B. WING 04/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 OLD FIRETOWER ROAD **EVANS HOME** WINTERVILLE, NC 28590 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 3 V 118 administered 4/8/24 at 8pm. No initials to indicate the Divalproex SOD ER had been administered 4/8/24 at 8pm. During interview on 4/15/24 client #2 stated staff administered her medication daily. During interview on 4/15/24 client #5 stated staff gave him his medicine everyday. During interview on 4/15/24 client #6 stated he received his medication daily. During interview on 4/15/24 the House Manager stated: -Clients received their medications daily as ordered. -The staff probably forgot to initial the MAR if there was a blank. During interview on 4/15/24 the Director stated: -The staff had forgot to document on the MAR. She knew which staff it was. -She understood the facility was required to maintain an accurate MAR. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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