STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL059-108	B. WING 05/		05/1	0/2024	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
STEVIE'S	S PLACE		M STREET NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	deficiency was cited This facility is licens	sed for the following service					
		C 27G .5600C Supervised h Developmental Disabilities.					
		sed for 3 and currently has a urvey sample consisted of an ients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	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 (D) date and time the	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-108	B. WING		05/1	10/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
STEVIE'S PLACE 16 6TH EM						
		MARION,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	Continued From page 1		V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	failed to ensure me on the written order	view and interview, the facility dications were administered of a physician and failed to rent for 2 of 3 audited clients				
	-Date of admission: -Diagnoses- Mild In Disability, Opposition Deficit Hyperactivity Explosive Disorder, -Physician ordered -Divalproex DR (milligrams) (behave ordered 1/24/24 -Divalproex ER (behaviors) 2 tabs to -Melatonin 3mg ordered 12/5/23.	/8/24 for Client #2 revealed: 11/17/22. tellectual Developmental onal Defiant Disorder, Attention or Disorder, Intermittent Bipolar II, Type II Diabetes. medications included: (delayed release) 500mg iors) 2 tabs (tablet) twice daily (extended release) 500mg wice daily ordered 4/14/24. I (sleep) 1 tab at bedtime I (sleep) 1 tab at bedtime				
	2024 MARs revealed -Divalproex DR administered on 4/9	was not documented as				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-108	B. WING		05/10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
STEVIE'S PLACE 16 6TH EM		NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	administered 4/14-4 -Melatonin 5mg administered 4/14-4 Record review on 5 -Date of admission: -Diagnoses- Moder Disability, Mood Dis Disorder, Smith Ma Congenital Heart D Deficiency, Acne, A HyperkeratosisPhysician ordered -Clonidine 0.1m at 3pm and bedtime -Focalin 10mg 3pm ordered 1/23/2 -Docusate Sod softgel twice daily of -Clindamycin (s twice daily ordered -Mupirocin 2% topically 3 times da -Prednisone 10 3 tabs on days 4-6; days 10-12 ordered -Doxycycline 10 daily for 7 days ordered -Clonidine was administered 3/21/2 dosesFocalin was no administered 4/16/2 -Docusate Sod administered on 4/4 4/26/24 pm dose.	4/30/24.  /8/24 for Client #3 revealed: /4/4/23. ate Intellectual Developmental sorder, Impulse Control gennis Syndrome, Bipolar, efect, Hearing Loss, Vitamin Dullergic Eczema, Xerosis-Cutis, medications included: ng (sedative) 1 tab twice daily evordered 5/23/24. (attention) 1 ½ tabs daily at extension apply to affected area 5/23/24. (attention) 1 ½ tabs on days 1-3; 2 tabs on days 7-9 and 1 tab 14/8/24. (attension) 1 capsule twice ered 4/8/24.	V 118	DETIONENCY)		

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-108	B. WING		05/1	0/2024
	PROVIDER OR SUPPLIER	16 6TH EI	DRESS, CITY, S M STREET NC 28752	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 118	administered on 4/1 3/29/24, 3/31/24, 4/ -Mupirocin was administered 4/1/24 3/31/24, 4/16/24, 4/ for 2pm dosesPrednisone wa administered 4/12/2 4/20/24Doxycycline wa administered 4/11/2 Interview on 4/10/24 -Received medication missed any.  Interview on 4/10/24 -Reviewed the MAF them into the office"If I missed an error Interview on 4/9/24 Supervisor revealed -Staff #1 was the H responsible for medication -Client #2 was hosp discharge orders war regular doctor want -Client #3 gets his r program. The day indocumentation.  Due to the failure to medication adminis	l/24, 4/9/24 for am doses and 2/24 for pm doses. not documented as am dose and 3/19/24, 3/27-18/24, 4/25-4/28/24, 4/30/24 as not documented as 24, 4/17/24, 4/19/24 and as not documented as 24 pm dose, 4/12/24 am dose. 4 with Client #2 revealed: ons morning and night; never 4 with Staff #1 revealed: Rs monthly before turning aron the MAR, it's on me." with Supervised Living dications in the facility. Ditalized in April. The ere for Divalproex DR but his s Client #2 on the ER. midday medication at the day program did their own	V 118			

6899

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DF4911 If continuation sheet 4 of 4