| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-619 | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED R 05/22/2024 | |
|--|--|--|---|--|--|-------------------------|
| | | IDENTIFICATION NOWDER. | | | | |
| | | B. WING | | | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| EARNI | NG SERVICES-RIVER | RIDGE | BBINS DRIVE H, NC 27610 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| V 000 | INITIAL COMMENTS | | V 000 | | | |
| | An annual and follow up survey was completed on 5/22/24. A deficiency was cited. | | | | | |
| | category: 10A NCA | sed for the following service C 27G .2100 Specialized ntial Centers for Individuals I Disabilities. | | | | |
| | | sed for 12 and has a current survey sample consisted of clients. | | | | |
| V 118 | 27G .0209 (C) Med | ication Requirements | V 118 | | | |
| | only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, inclusion administered only built unlicensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the distance of a person of a person of the person of the privileged to prepare (3) of the person of the privileged to prepare (4) a medication of the person of t | inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse r legally qualified person and re and administer medications liministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The | | | | |

| | | egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---|--|-------------------------------|------------------------|
| | | MHL092-619 | B. WING | | R 05/22/2024 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| EARNIN | IG SERVICES-RIVER | RIDGE | BBINS DRIVE H, NC 27610 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLE DATE |
| V 118 | checks shall be rec | ge 1 for medication changes or orded and kept with the MAR appointment or consultation | V 118 | | | |
| | interviews the facili medications on the 1 of 3 audited client Review on 5/14/24 - admitted 5/27/0 - diagnoses: Tra | views, observations, and ty failed to administer written order of a physician fo ts (#2). The findings are: of client #2's record revealed:)4 umatic Brain Injury | | | | |
| | Levetiracetam 500 taken twice daily - a physician's of Levetiracetam 500 - a physician's of Epinephrine 0.3mg reaction) injected in | rder dated 3/13/24 for milligrams (mg) (seizures) rder dated 4/19/24 for mg taken twice daily rder dated 3/13/24 for Injection (severe allergic ntramuscularly once as needed odeine and bee stings | d | | | |
| | revealed: - no documentat Levetiracetam from | | | | | |
| | - no Epinephrine | 2/24 at 12:03pm revealed: with client#2's medications at 12:37pm of text messages | | | | |

C99U11

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---------------|--|---|---|--|-------------------------------|-----------------|
| | | | | | | |
| | | MHL092-619 | B. WING | | | R 05/22/2024 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| EARNIN | IG SERVICES-RIVER | RIDGE | BBINS DRIVE H, NC 27610 | | | |
| (X4) ID | SUMMARY STA | | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | , | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| V 118 | Continued From pa | age 2 | V 118 | | | |
| | messages are nurse #2 notifie order on 4/10/24 fo she (nurse #2) been receiving Lev she asked the period she asked the period the physician restriction of the Epinephrine she vas not aw she though the factor of the Epinephrine she disconder of the factor of the facto | ed physician of discontinued or Levetiracetam for client #2 indicated client #2 had not etiracetam physician if a new order could esponded "Yes please" in 5/22/24 staff#3 reported: vare of any allergies for client on 5/14/24 and 5/22/24 with ility since 3/15/24 believed a former nurse tinued the Levetiracetam orde aff were still giving the e dates "because they knew /" e discovered it was system, they obtained a new are what client#2's allergies vas prescribed Epinephrine of his Epinephrine because it nember the date she disposed nother today (5/22/24) and it ility tomorrow (5/23/24) 4 with nurse #2 reported: | | | | |
| | taking Levetiraceta | 4/22/24 that client #2 was not m thought it was still being | | | | |
| | given, but was no v ealth Service Regulation | | | | | |

STATE FORM

C99U11

If continuation sheet 3 of 4

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| MHL092-619 | | IDENTIFICATION NUMBER: | A. BUILDING: | | | |
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| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
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| V 118 | Continued From page 3 | | V 118 | | <u>,</u> | |
| | - contacted physician and obtained new order for Levetiracetam immediately | | | | | |
| | This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | | | | | |
| | medication adminis | o accurately document stration, it could not be ts received their medications ohysician. | | | | |
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