Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED							
		B. WING		R								
		MHL092-796	B. WING		06/0	3/2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
FOOT STEPS TO SUCCESS 504 THISTLEGATE TRAIL RALEIGH, NC 27610												
(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)	LD BE	(X5) COMPLETE DATE						
{V 000}	INITIAL COMMENTS		{V 000}									
	on 6/3/24. Deficiend	w up survey was completed cies were cited.										
	category: 10A NCA Living for Alternative	C 27G .5600F Supervised e Family Living.										
		sed for 3 and has a current rvey sample consisted of client.										
{V 118}	18) 27G .0209 (C) Medication Requirements		{V 118}									
	only be administered order of a person and drugs. (2) Medications shat clients only when at client's physician. (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength,	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The ne following:										
	(D) date and time th	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

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NAME OF PROVIDER OR SUPPLIER FOOT STEPS TO SUCCESS SUMMANY STATEMENT OF DEFTICIENCIES (EACH DEFCIENCY MUST BE PRECEDED BY FULL TAG (V118) (V118) (V118) (S) 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. (V18) This Rule is not met as evidenced by:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER FOOT STEPS TO SUCCESS SUMMARY STATEMENT OF DEFICIENCIES RALEIGH, NC 27610 [X4) ID PREFIX TAG [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [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. STREET ADDRESS, CITY, STATE, ZIP CODE 504 THISTLEGATE TRAIL RALEIGH, NC 27610 PREFIX TAG PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE (X7) 118}	MHL092-796		B. WING										
Continued From page 1 Continued From page 2 Continued From page 3 Continued From page 4 Continued From page 4 Continued From page 5 Complete Page 7 Continued From page 6 Complete Page 7 Continued From page 7 Continued From page 8 Continued From page 9 Continued From p	00/00/2024												
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) {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.	FOOT STEPS TO SUCCESS												
(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.	(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE						
	{V 118}	(5) Client requests to checks shall be rectifile followed up by a with a physician.	for medication changes or orded and kept with the MAR appointment or consultation	{V 118}	DEFICIENCY								

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Division of Health Service Regulation STATE FORM