Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL059-108 B. WING 05/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 16 6TH EM STREET STEVIE'S PLACE MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 5/10/24. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of an audit of 3 current clients. V 118 27G .0209 (C) Medication Requirements V 118 V118 10A NCAC 27G .0209 MEDICATION CEO is updating the QP visit form to REQUIREMENTS include that they are checking the MARs (c) Medication administration: for completion and proper administration. (1) Prescription or non-prescription drugs shall only be administered to a client on the written Qualified Professional is checking in on a order of a person authorized by law to prescribe 5/31/2024 more frequent basis to ensure medication protocols are being followed. (2) Medications shall be self-administered by clients only when authorized in writing by the Medication records will be monitored on a monthly basis by our in house nurse and client's physician. office assistant for any errors. Subsequent (3) Medications, including injections, shall be write ups and retraining will occur for those administered only by licensed persons, or by employees that have errors. 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 RECEIVED recorded immediately after administration. The MAR is to include the following: (A) client's name: (B) name, strength, and quantity of the drug: DHSR-MH Licensure Sect (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.

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

Smith C

If continuation sheet 1 of 4

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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 ADDRESS, CITY, STATE, ZIP CODE 16 6TH EM STREET MARION, NC 28752						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION SHOULD BE COMPLETE HE APPROPRIATE DATE	
V 118	(5) Client requests f checks shall be recofile followed up by a with a physician. This Rule is not me Based on record reviailed to ensure med on the written order	or medication changes or or orded and kept with the MAR ppointment or consultation	V 118			
	(#2, #3). The finding Record review on 5/ -Date of admission: -Diagnoses- Mild Int Disability, Opposition Deficit Hyperactivity Explosive Disorder, 1 -Physician ordered in -Divalproex DR (milligrams) (behaviordered 1/24/24 -Divalproex ER ((behaviors) 2 tabs to -Melatonin 3mg ordered 12/5/23.	s are: 8/24 for Client #2 revealed:				
	2024 MARs revealed -Divalproex DR v administered on 4/9/	was not documented as				

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PRINTED: 05/13/2024 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:** COMPLETED A. BUILDING: _ B. WING MHL059-108 05/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 16 6TH EM STREET STEVIE'S PLACE MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 2 V 118 administered 4/14-4/30/24. -Melatonin 5mg was not documented as administered 4/14-4/30/24. Record review on 5/8/24 for Client #3 revealed: Date of admission: 4/4/23. -Diagnoses- Moderate Intellectual Developmental Disability, Mood Disorder, Impulse Control Disorder, Smith Magennis Syndrome, Bipolar. Congenital Heart Defect, Hearing Loss, Vitamin D Deficiency, Acne, Allergic Eczema, Xerosis-Cutis, Hyperkeratosis. -Physician ordered medications included: -Clonidine 0.1mg (sedative) 1 tab twice daily at 3pm and bedtime ordered 5/23/24. -Focalin 10mg (attention) 1 ½ tabs daily at 3pm ordered 1/23/24. -Docusate Sodium 100mg (constipation) 1 softgel twice daily ordered 5/23/23. -Clindamycin (skin) apply to affected area twice daily ordered 5/23/24. -Mupirocin 2% topical ointment (skin) apply topically 3 times daily ordered 4/6/23. -Prednisone 10mg (rash) 4 tabs on days 1-3; 3 tabs on days 4-6; 2 tabs on days 7-9 and 1 tab days 10-12 ordered 4/8/24. -Doxycycline 100mg (rash) 1 capsule twice daily for 7 days ordered 4/8/24. Review on 5/9/24 of Client #3's March 1-May 8. 2024 MARs revealed: -Clonidine was not documented as

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4/26/24 pm dose.

doses.

administered 3/21/24, 3/26/24, 5/7/24 for the 3pm

-Docusate Sodium was not documented as administered on 4/1/24, 4/9/24 for am doses and

-Clindamycin was not documented as

-Focalin was not documented as

administered 4/16/24, 5/7/24.

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medication administration it could not be determined if clients received their medications

as ordered by the physician.