Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I LAN OF CONNECTION			A. BUILDING:				
		MHL001-276	B. WING		06/2	1/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PAUL'S	PAUL'S LOVING CARE, INC II  322/324 WALKER AVENUE  GRAHAM, NC 27253						
(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 COMMEN	rs	V 000				
	on June 21, 2024.  This facility is licens 10A NCAC 5600A Swith Mental Illness.	w up survey was completed A deficiency was cited. sed for the following service: Supervised Living for Adults					
		sed for six and has a current survey sample consisted of s.					
V 118	three current clients.  27G .0209 (C) Medication Requirements  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 administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the		V 118				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(3) DATE SURVEY COMPLETED	
					F		
		MHL001-276	B. WING		06/2	1/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PAUL'S I	OVING CARE, INC II		VALKER AVE , NC 27253	NUE			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	Continued From page 1		V 118				
	(5) Client requests the checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation					
	review the facility fa	, observation and record ailed to maintain a AR affecting 1 of 3 audited					
	-Admission date of -Diagnoses of Schiz Illness, Hypertensic Gastroesophageal	zophrenia- Chronic Mental on, Diabetes, reflux disease (GERD), Sinus Tachycardia and History					
	revealed: Order dated 5/14/24 -Clozapine 100 mill in the morning.	igram (mg); take three tablets take two tablets in the					
	of client #2's medic -Clozapine 100mg v tablets packaged to -Clozapine 100mg v	was available with three ogether for each dosage.					

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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			
				F	₹		
	MHL001-276	B. WING		06/2	1/2024		
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE				
PAUL'S LOVING CARE, INC II 322/324 WALKER AVENUE GRAHAM, NC 27253							
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 118 Continued From page	Continued From page 2						
2024 through June 2 initialed for medication dates: -May 2024; Clozapine the morning.  Review on 6/20/24 of -Clozapine was an arm schizophrenia.  Interview on 6/20/24 -She had not realized wrong lineShe was aware the of Interview on 6/21/24 -Staff were retrained make sure they are in -The nurse is going to reviewed with staff to changesAcknowledged that saccurate MAR.  This deficiency constitutions	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  2024 through June 20, 2024, revealed staff had initialed for medications given on the following dates:  -May 2024; Clozapine 100mg; take two tablets in the morning.  Review on 6/20/24 of www.webmd.com revealed: -Clozapine was an antipsychotic used to treat schizophrenia.  Interview on 6/20/24 with staff #1 revealed: -She had not realized she was initialing on the wrong lineShe was aware the dosage had increased.  Interview on 6/21/24 with the Owner revealed: -Staff were retrained from the previous survey to make sure they are initialing on the correct lineThe nurse is going to be upset as she just reviewed with staff to pay attention to medication changesAcknowledged that staff failed to maintain an						

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