PRINTED: 07/08/2024 FORM APPROVED

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				
			A. BUILDING: _						
		MHL059-114	B. WING		R 07/02/2024				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE					
RAMONA TAYLOR HOME 53 RED VIEW DRIVE MARION, NC 28752									
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
V 000	INITIAL COMMENTS		V 000						
	on July 2, 2024. A de This facility is license	d for the following service							
	category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.								
		d for 2 and has a current rey sample consisted of ents.							
V 118	V 118 27G .0209 (C) Medication Requirements		V 118						
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons transmitted to other learning privileged to prepare (4) A Medication Admall drugs administered current. Medications are corded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for according to the contraction of the contractions of the contraction of the contract	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be refer administration. The following:							

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED		
7.11.0 1 27.11 1	or contraction	BERTIN IS WISH NOMBER	A. BUILDING: _				
		MHL059-114	B. WING		R 07/02/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
RAMONA TAYLOR HOME 53 RED VIEW DRIVE MARION, NC 28752							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
V 118	(5) Client requests for checks shall be recordile followed up by apwith a physician.	r medication changes or ded and kept with the MAR pointment or consultation	V 118				
	reviews, the facility facurrent and administe a physician affecting The findings are:	n, interviews, and record hiled to keep the MARs er medications as ordered by 1 of 2 clients (Client #1). Client #1's record revealed:					
	-Diagnoses: Autism, A Hyperactivity Disorde -Physician's orders d	er, and Pica. ated 4-4-24 included: hydrochloric) 10mg, take 1					
	medication revealed: -A bottle labeled: Cet on 3-13-24.	4 at 10:07 am of Client #1's irizine HCL 10mg, dispensed I: take 1 tablet by mouth					
	MARs dated 4/1/24 to	nd 7-2-24 of Client #1's o 6/30/24 revealed: not present on the MAR.					
	Interview on 7-1-24 w Living (AFL) Staff #1	vith the Alternative Family revealed:					

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	ATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		7 % BOILDING		R				
MHL0	59-114	B. WING		07/02/2024				
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
RAMONA TAYLOR HOME 53 RED VIEW DRIVE MARION, NC 28752								
(X4) ID SUMMARY STATEMENT OF DE PREFIX (EACH DEFICIENCY MUST BE PREFIX TAG REGULATORY OR LSC IDENTIFYING	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
V 118 Continued From page 2 -The doctor told her the Cetirizine needed) and no longer a schedulewhen he (Client #1) got it (Cetirizago." -The Qualified Professional (QP) of a month. -The QP reviews medications and -The QP had not informed her of a the MARs or orders. Interview on 7-1-24 with the Clinical revealed: -Was the supervisor for the QP. -The QP went into the facility mon -The QP would typically complete review quarterly but had recently be monthly medication reviews. -The QP would look at the physicial matching the medication and the New -"I think she (QP) did a med (medication must be corrected within 30 did not she within 30 did n	ed medication " zine) years comes out once MARs. any errors on al Director thly. a medication been doing an's orders MAR. cation) review ed deficiency	V 118						

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