Division of Health Service Regulation

PRINTED: 06/11/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL092-796	B. WING		06/03/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE. ZIP CODE		
FOOT ST	EPS TO SUCCESS		TLEGATE TR , NC 27610	AIL		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		
{V 000}	INITIAL COMMENT	rs	{V 000}			
	An annual and follo on 6/3/24. Deficiend	w up survey was completed cies were cited.	:			
:		sed for the following service C 27G .5600F Supervised e Family Living.				
		sed for 3 and has a current urvey sample consisted of client.				
{V 118}	27G .0209 (C) Med	lication Requirements	{V 118}			
	only be administered order of a person andrugs. (2) Medications shall clients only when a client's physician. (3) Medications, inclient's physician. (3) Medications, incliented only build unlicensed persons pharmacist or other privileged to prepare (4) A Medication Acall drugs administed current. Medication recorded immediated MAR is to include the (A) client's name; (B) name, strength (C) instructions for (D) date and time the (E) name or initials drug.	inistration: non-prescription drugs shall ed to a client on the written authorized 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, ar legally qualified person and are and administer medications. Iministration Record (MAR) of a definition administered shall be ely after administration. The				
Division of He	alth Service Regulation	DER/SUPPLIER BEPRESENTATIVE'S SIG	NATIBE	TITLE /	(X6) DATE	

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6/27/2024 12:05 PM FROM: OfficeMax #6756

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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	
		MHL092-796	B. WING		R 06/03/2024	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY. ST	ATE 7IP CODE		
			TLEGATE TRA			
FOOT ST	EPS TO SUCCESS		I, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y 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 COMPLETE	
{V 118}	Continued From pa	ige 1	{V 118}			
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation				
	This Rule is not me	et as evidenced by:				
					·	

Division of Health Service Regulation

6/27/2024 12:05 PM FROM: OfficeMax #6756

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Division of Health Service Regulation						
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL092-796	B. WING		06/03/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE. ZIP CODE		
COOT OT	EPS TO SUCCESS	504 THIS	LEGATE T	RAIL		
F00131	EPS 10 SUCCESS	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE PRIATE DATE	
V 116	Continued From pa	ige 2	V 116	Medication w Administer f Pill Pack.	ill be	
	- weekly pill plan	ner with different color & size		New Love	The	
	pills			May million	VOIII	
	 licensee shower planner 	ed a white oval pill from pill		Pill Pack		
	•	as the Atorvastatin				
	During interview on Professional report	6/3/24 the Associate				
		facility May 2024				
	- was not aware the Licensee administer the					
	medications from a weekly pill planner medications should be administered from the					
	pill pack	louid be administered from the				
	During interview on 6/3/24 the Licensee reports - client #1 was on a "a lot" of medications - was not aware she could not put the pills in					
					1	
	weekly planner				contral	
1/440	070 0000 (0) 14-	11 - 11 15 15 10 10 14 14 14 14 14 14 - 14 - 14 - 14 - 14 - 14	V 118	To The futu	ve der	
V 118	3 27G .0209 (C) Medication Requirements		V 110	In the future The mare after Medication.	- flatin in i	
	10A NCAC 27G .02	209 MEDICATION		Madieation		
	REQUIREMENTS (c) Medication adm	inistration:		Water Co 11010		
		non-prescription drugs shall				
	only be administered	ed to a client on the written				
	-	authorized by law to prescribe				
	drugs. (2) Medications sha	all be self-administered by				
	clients only when a	authorized in writing by the				
	client's physician.	cluding injections, shall be				
		by licensed persons, or by		•		
	unlicensed persons	s trained by a registered nurse,				
		er legally qualified person and re and administer medications.				
		dministration Record (MAR) of				
	all drugs administe	ered to each client must be kept				
	current. Medication	ns administered shall be				

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NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE ZIP CODE			
		LEGATE TRA				
FOOT STEPS TO SUCCESS	RALEIGH	, NC 27610				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE		
V 118 Continued From pa	ige 3	V 118				
MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be received in the followed up by a with a physician.	and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation					
failed to keep 1 of 1	view and interview the facility I client (#1) MAR current and after administration. The					
 admitted 4/22/2 diagnoses: Sch Explosive Disorder Developmental Disorder physician order following medicatio 	nizophrenia, Intermittent and Mild Intellectual ability dated 1/31/24 for the ns:	:				
(ADHD) - Linzess 145mc - Sertraline 100n - Pantoprazole 4 - Gabapentin 300 - Trazadone 100	Omg (milligrams) morning g daily (IBS) ng daily (depression) Omg twice day (reflux) Omg 2 three times (seizure) mg 2 bedtime (depression) mg bedtime (cholesterol)					

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