

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KARING KINGS AFL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 SUNNYFIELD COURT BENSON, NC 27504
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 28, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall</p>	V 116		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KARING KINGS AFL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 SUNNYFIELD COURT BENSON, NC 27504
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 116	<p>Continued From page 1</p> <p>not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispense medications on a written order of a physician for 1 of 3 clients (#2). The findings are:</p> <p>Review on 6/27/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 10/9/23 - diagnosis: Traumatic Brain Injury <p>Observation & interview with staff #2 on 6/27/24 at 4:23pm revealed:</p> <ul style="list-style-type: none"> - on the kitchen table was a weekly planner with different color pills and sizes - staff#2 said it was client #2's weekly planner - it was usually locked in the medication cabinet <p>During interview on 6/28/24 client #2 reported:</p> <ul style="list-style-type: none"> - received his medications daily - staff#1 placed the pills in the weekly planner <p>During interview on 6/28/24 staff #1 reported:</p> <ul style="list-style-type: none"> - she placed the pills in the weekly planner - administered the medications from the weekly planner to client #2 	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KARING KINGS AFL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 SUNNYFIELD COURT BENSON, NC 27504
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE