

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MCPHERSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 16 WALNUT HILL DRIVE FAIRVIEW, NC 28730
---	---

(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 and follow up survey was completed on 7/9/24. 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 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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: MHL011-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MCPHERSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 16 WALNUT HILL DRIVE FAIRVIEW, NC 28730
---	---

(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 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MAR current affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 7/9/24 of Client #3's record revealed: -Date of admission: 6/20/24. -Diagnoses: Moderate Intellectual Developmental Disability, and Major Depressive Disorder. -No physician's orders for Lisinopril (high blood pressure) 5 milligram (mg), Duloxetine (depression) 60mg.</p> <p>Attempted review on 7/9/24 of Client #3's June 20-30, 2024 MAR was unsuccessful as there was no MAR available for review.</p> <p>Review on 7/9/24 of Client #3's MAR dated 7/1/24-7/9/24 revealed: -Lisinopril 5mg, 1 tablet every day. -Duloxetine 60mg, 1 capsule every day.</p> <p>Interview on 7/9/24 with Client #3 revealed: -Had been taking 2 medications in the morning. -"...go to [Alternative Family Living (AFL) Staff] to take my meds (medications)." -"...take them (medications) in the morning...one</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MCPHERSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 16 WALNUT HILL DRIVE FAIRVIEW, NC 28730
---	---

(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 118	<p>Continued From page 2</p> <p>is for my blood pressure."</p> <p>Interview on 7/9/24 with the AFL Staff revealed: -Submitted completed MARs for the previous month to the Former Qualified Professional (QP). -Could not locate the physician's orders for Client #3's medications. -"...normally when a client comes here they come with a book with all their info (information)." -Client #3 was not admitted with his physician's orders for his medications "I don't got anything...he's been here 2 weeks." -The Former QP typically did the admission for new clients. -The Former QP did not do the admission for Client #3 because it was his last week assigned to the facility. -Would contact the pharmacy for the updated physician's orders for Client #3.</p> <p>Interview on 7/9/24 with the Former QP revealed: -Last day employed as the QP for the facility was 6/28/24. -Was reponsible for ensuring the facility had current MARs and updated physician orders for client's medications, collecting the completed MAR for the previous month, and completing new client's admission process to the facility. -Was not present for Client #3's admission "...I did not do [Client #3's] admittance (to the facility)...I was leaving in a week."</p> <p>Interview on 7/9/24 with the current QP revealed: -Started as the QP for the facility on 7/1/24. -Hadn't been to the facility since starting. -Would review medications and MARs for the facility monthly. -Would secure updated copies of physician's orders for Client #3's medications.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MCPHERSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 16 WALNUT HILL DRIVE FAIRVIEW, NC 28730
---	---

(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 118	<p>Continued From page 3</p> <p>Client #3's physician's orders were not provided prior to the conclusion of the survey.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if the client received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		