Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-226	B. WING		06/2	8/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
10.000	TO VIBER OR GOLF EIER					
KARING	KINGS AFL HOME			, o. (.)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 116	102 SUNNY		V 000	I Helen King as owner of Karing Kings AFL Hor administer all medication directly from the bottle medication will be placed in a weekly dispenser time that the doctor instructs differently. Thereb written documentation from physician. I will more each day while giving medications. I have alrea practice in place. All medication are locked up a properly.	RRECTION SHOULD BE APPROPRIATE AFL Home will be bottle no spenser until said Thereby I will have will monitor this re already put this red up and stored	
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE
Helen King Helen King						7/1/2024

STATE FORM 6899 UHMI11 If continuation sheet 1 of 3



Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL051-226	B. WING		06/2	28/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KARING	KINGS AFL HOME		IYFIELD CO NC 27504	URT		
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE DATE
V 116	Continued From pa	ge 1	V 116			
	for the purpose of depharmacist and obt Board of Pharmacy locked supply of presented amples shall be discontinuous.	c of prescription legend drugs lispensing without hiring a aining a permit from the NC . Physicians may keep a small escription drug samples. ispensed, packaged, and ce with state law and this				
	interview the facility	on, record review and failed to dispense ritten order of a physician for 1				
	- admitted 10/9/2	of client #2's record revealed: 23 matic Brain Injury				
	at 4:23pm revealed on the kitchen t with different color p staff#2 said it w	able was a weekly planner				
	- received his me	6/28/24 client #2 reported: edications daily he pills in the weekly planner				
	- she placed the	6/28/24 staff #1 reported: pills in the weekly planner e medications from the lient #2				

Division of Health Service Regulation

06/28/2024

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:

MHL051-226

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING __

102 SUNNYFIELD COURT

			102 SUNNYFIELD COURT BENSON, NC 27504		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I (EACH DEFICIENCY MUST BE PR REGULATORY OR LSC IDENTIFYI	RECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

Division of Health Service Regulation STATE FORM

6899 If continuation sheet 3 of 3 UHMI11