

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARVER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 ETTA DRIVE CANTON, NC 28716
--	--

(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 7/18/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>The facility is licensed for 2 and has a current census of 1. The survey sample consisted of an audit of 1 current client.</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</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: MHL044-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARVER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 ETTA DRIVE CANTON, NC 28716
--	--

(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>drug.</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 reviews and interviews, the facility failed to ensure that MARs were kept current affecting 1 of 1 client (#1).</p> <p>Record review on 7/18/24 for Client #1 revealed: -Date of admission: 1/1/19 -Diagnoses: Autism spectrum disorder, Mild intellectual developmental disability, Traumatic brain injury. -Physician's orders included: -Lacosamide 150mg (milligram) (seizures) 1 tablet twice daily ordered 4/10/24. -Lithium Carbonate ER 300mg (mood) 1 tablet in am and 2 tablets at bedtime daily ordered 2/2/24. -Montelukast 10mg (allergies) 1 tablet daily ordered 11/8/23.</p> <p>Review on 7/18/24 of MARs 5/1/24-7/17/24 for Client #1 revealed: -Lacosamide was initialed as administered for AM doses but not initialed for PM doses 5/1/24-7/17/24. -Lithium Carbonate was initialed as administered for AM doses but not initialed for PM doses 5/1/24-7/17/24. -Montelukast 5mg was written on the MARs</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARVER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 ETTA DRIVE CANTON, NC 28716
--	--

(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>and documented as administered 5/1/24-7/17/24.</p> <p>Observation on 7/18/24 at approximately 11am of Client #1's medication revealed dispill packed medications with AM medications packed together in blister pack with each medication enclosed listed on back of each pack and PM medications packed together. Sequenced dated medications were one 1 sheet with perforations to easily remove the specific pack for administration.</p> <p>Interview on 7/18/24 with Client #1 revealed: -She always received her medications. -She knew she took Lithium, Vimpat and blood pressure medication but didn't know all.</p> <p>Interview on 7/18/24 with Staff #2 (alternative family living caregiver) revealed: -He was responsible for writing the MARs and administering medications. He had not noticed he recorded the wrong milligram for the montelukast. -He marked the number of tablets but only initialed each medication administration once daily. -He was certain Client #1 received her medications as ordered because the medications came packed corrected.</p> <p>Interview on 7/18/24 with the Qualified Professional (QP) revealed: -Staff #2 had always done a good job with Client #1's medications. -Had not noticed, during her review of MARs, that Staff #2 only initialed 1 dose rather than initials for both administrations of those 2 medications.</p> <p>Due to the failure to accurately document medication administration, it could not be</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARVER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 ETTA DRIVE CANTON, NC 28716
--	--

(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	Continued From page 3 determined if clients received their medications as ordered by the physician.	V 118		