

NTR

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/02/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752
---	--

(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 July 2, 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	<p>27G .0209 Medication Requirements</p> <p>Correction was made and staff is attending medication training again on 7/10/24. QP will continue to monitor monthly during in home supervisions.</p>	7/10/24
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	<p>RECEIVED</p> <p>JUL 15 2024</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Colleen Hahn, BA/Executive Director

7/19/24

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/02/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752
---	--

(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 observation, interviews, and record reviews, the facility failed to keep the MARs current and administer medications as ordered by a physician affecting 1 of 2 clients (Client #1). The findings are:</p> <p>Review on 7-1-24 of Client #1's record revealed: -Admission Date: 10-1-23. -Age: 10 years old. -Diagnoses: Autism, Attention Deficit Hyperactivity Disorder, and Pica. -Physician's orders dated 4-4-24 included: -Cetirizine HCL (hydrochloric) 10mg, take 1 tablet by mouth daily.</p> <p>Observation on 7-1-24 at 10:07 am of Client #1's medication revealed: -A bottle labeled: Cetirizine HCL 10mg, dispensed on 3-13-24. -Instructions per label: take 1 tablet by mouth daily.</p> <p>Review on 7-1-24 and 7-2-24 of Client #1's MARs dated 4/1/24 to 6/30/24 revealed: -Cetirizine HCL was not present on the MAR.</p> <p>Interview on 7-1-24 with the Alternative Family Living (AFL) Staff #1 revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/02/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752
---	--

(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> <ul style="list-style-type: none"> -The doctor told her the Cetirizine was a PRN (as needed) and no longer a scheduled medication " ...when he (Client #1) got it (Cetirizine) years ago." -The Qualified Professional (QP) comes out once a month. -The QP reviews medications and MARs. -The QP had not informed her of any errors on the MARs or orders. <p>Interview on 7-1-24 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> -Was the supervisor for the QP. -The QP went into the facility monthly. -The QP would typically complete a medication review quarterly but had recently been doing monthly medication reviews. -The QP would look at the physician's orders matching the medication and the MAR. -"I think she (QP) did a med (medication) review this month." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	27	