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: MHL001-276 B. WING 06/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322/324 WALKER AVENUE PAUL'S LOVING CARE, INC II GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on June 21, 2024. A deficiency was cited. This facility is licensed for the following service: 10A NCAC 5600A Supervised Living for Adults with Mental Illness This facility is licensed for six and has a current DHSR-MH Licensure Sect census of five. The survey sample consisted of three current clients. Pauls Loving Care will retrain all V 118 27G .0209 (C) Medication Requirements V 118 July 19,2024 staff on the 10A NCAC 27G .0209 MEDICATION 10A NCAC 27G .0209 REQUIREMENTS Medication requirements, with (c) Medication administration: emphasis on (1) Prescription or non-prescription drugs shall the Med changes, MAR only be administered to a client on the written revisions/updates. order of a person authorized by law to prescribe Medication returns process. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. QP will monitor Medications and (3) Medications, including injections, shall be Starting July /MARS as administered only by licensed persons, or by 2024. unlicensed persons trained by a registered nurse, often as weekly but no less than pharmacist or other legally qualified person and twice monthly privileged to prepare and administer medications. with emphasis on medication (4) A Medication Administration Record (MAR) of changes to all drugs administered to each client must be kept review those revisions for member's current. Medications administered shall be recorded immediately after administration. The health and safety and MAR is to include the following: documentation accuracy. (A) client's name; (B) name, strength, and quantity of the drug: (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. Division of Health Service Regulation

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

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL001-276 B. WING 06/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322/324 WALKER AVENUE PAUL'S LOVING CARE, INC II GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRFFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 1 V 118 (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. This Rule is not met as evidenced by: Based on interview, observation and record review the facility failed to maintain a current/accurate MAR affecting 1 of 3 audited current clients (#2). The findings are: Review on 6/20/24 of client #2's record revealed: -Admission date of 6-6-22. -Diagnoses of Schizophrenia- Chronic Mental Illness, Hypertension, Diabetes, Gastroesophageal reflux disease (GERD), Obesity, History of Sinus Tachycardia and History of Polysubstance Abuse. Review on 6/20/24 of client #2's physician order revealed: Order dated 5/14/24: -Clozapine 100 milligram (mg); take three tablets in the morning. -Clozapine 100mg; take two tablets in the morning- deceased. Observation on 6/20/24 at approximately 3:32pm of client #2's medication revealed: -Clozapine 100mg was available with three

tablets packaged together for each dosage. -Clozapine 100mg was not available.

Review on 6/20/24 of client #2's MARS for April 1,

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Division of Health Service Regulation