

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2024
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NAME OF PROVIDER OR SUPPLIER GARAVAGLIA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 119 PLANTERS CREEK ROAD FLETCHER, NC 28732
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 30, 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 currently has a census of 2. The survey sample consisted of audits of 2 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	<p>RECEIVED</p> <p>JUL 23 2024</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

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

Leslie Flowers, Sr. QM Director

TITLE

(X6) DATE

7/15/24

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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, record review, and interview the facility failed to maintain a current MAR affecting 2 of 2 audited clients, (#1, and #2). The findings are:</p> <p>Review on 5/29/24 of Client #1's record revealed: Date of Admission: 9/1/2019. Diagnoses: Intellectual Developmental Disabilities (IDD), Severe; and Down Syndrome. Physician medication review dated 4/18/24: -Magnesium Citrate 200 milligrams (mg) (supplement/constipation), once daily (QD), by mouth (PO), may self-administer. -Multivitamin for her, no dosage listed, PO, QD, may self-administer. -Vitamin D3 50 micrograms (mcg), PO, QD, may self-administer. -Vitamin B12, 1000 mcg, PO, QD, may self-administer.</p> <p>Review on 5/29/24 of Client #2's record revealed: Date of Admission: 9/1/2019. Diagnoses: IDD, Moderate; and Down Syndrome. Physician medication review and dated 4/18/24: -Magnesium Citrate 200mg (supplement/constipation), once daily (QD), by mouth (PO), may self-administer. -Multivitamin for her, (supplement) no dosage</p>	V 118	<p>V118 QM Communicated the expectation to program RNs that all individuals who have an order to self-administer, must have a MAR completed with the explanation of "The individual Self-Administers per Dr. Order" at the top of the MAR.</p> <p>The AFL agreement will include the expectation that the MAR be completed for self-administered medications and kept on site. This will be checked and included in the monthly AFL site visit Checklist by the Provider's QP.</p>	<p>7/20/24</p> <p>7/20/24</p>

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V 118	<p>Continued From page 2</p> <p>listed, PO, QD, may self-administer. -Vitamin D3 (supplement) 50 mcg, PO, QD, may self-administer. -Vitamin B12, (supplement) 1000 mcg, PO, QD, may self-administer.</p> <p>Observation on 5/29/24 of Client #1 and #2's medications revealed: -Magnesium Citrate 200mg, expiration date 1/2025. -Multivitamin for her, expiration date 6/2025. -Vitamin D3 50mcg, expiration date 6/2025. -Vitamin B12 100mg, expiration date 6/2025.</p> <p>Interview on 5/29/24 with Client #2 revealed: -Confirmed she took her medications every day.</p> <p>Interview on 5/29/24 with AFL #1 revealed: -Clients #1 and #2 were not on any prescribed medications, just vitamins. -They (Clients #1 and #2) self-administered their vitamins daily. -Did not keep a MAR because they were over the counter medications (OTC's).</p> <p>Interview on 5/30/24 with the Qualified Professional revealed: -The facility did not have to maintain a MAR for OTC's. -The clients were approved to self-administer their medications. -The facility would start documenting self-administration as part of the client record. -The nurse for the Licensee had made up a MAR for the facility to use moving forward to document medication administration.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medication as</p>	V 118		

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V 118	Continued From page 3 ordered by the physician.	V 118		