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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A (X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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MHL044-073		B. WING		07/12/2024		
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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		CANTON,	NC 28716			
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V 000	INITIAL COMMENT	ΓS	V 000			
	An annual and follow 7/12/24. Deficiencies	w up survey was completed on swere cited.				
	The facility is licensed of 2. The survey samp current clients.	d for 2 and has a current census ple consisted of an audit of 2				
V 108			V 108			
	27G .0202 (F-I) Perso	nnel Requirements				
	10A NCAC 27G .0202 REQUIREMENTS (f) Continuing educat Employee training pro a minimum, shall cons	ion shall be documented. (g) ograms shall be provided and, at				
10	(1) general organ (2) training on cli delineated in 10A NCA 10A NCAC 26B;	izational orientation; ent rights and confidentiality as AC 27C, 27D, 27E, 27F and				
		et the mh/dd/sa needs of the ne treatment/habilitation plan;				
	(4) training in info	ectious diseases and bloodborne				
	(h) Except as permitted	d under 10a NCAC 27G		RECEIVED		
		apter, at least one staff member e facility at all times when a		AUG 0 5 2024		
	client is present. That	staff member shall be trained in				
		g seizure management, currently iopulmonary resuscitation and		DHSR-MH Licensure Sect		
	trained in the Heimlich	n maneuver or other first aid se provided by Red Cross, the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()	LE CONSTRUCTION	(X3) DATE COMPL	
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V 108			V 108			
	airway obstruction. (i	e I equivalence for relieving ) The governing body shall nt policies and procedures for				

reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #2).

Record review on 7/12/24 for Staff #2 revealed: Date of hire: 10/16/18

Date of first Aid/CPR training: 5/10/22

Interview on 7/12/24 with the Qualified Professional revealed:

-Staff #2 provided the facility as backup support but also worked for another provider company. She had completed first aid/CPR with them but has been unable to get her verification.

This deficiency constitutes a recite deficiency and must be corrected within 30 days.

27G .0209 (C) Medication Requirements

10A NCAC 27G .0209 MEDICATION REQUIREMENTS

- (c) Medication administration:
- (1) Prescription or non-prescription drugs shall only be administered to a client on the written

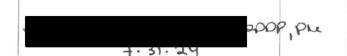
Staff is PRN/ back up at this time, and works for another company. Staff received CPR/FA with her other compa has

asked for a copy to share with us for her personnel chart. Staff is up to date with training, however PFS didn't have a current copy of her training when the review was completed.

Verification of CPR/FA was received on 7/24/24 and filed in her personnel chart.

QP/PM addressed concern of missing training for staff with admin. assistant who is responsible for all new hires and annual updates. QP/PM did a write up on the AA and requested all trainings be up to date by 7/19/24.

QP/PM discussed training material with reviewer and requested a copy of approved trainings through DHSR for PFS to research updated modules for PFS to begin using specifically for non restrictive intervention/ self defense and most importantly deescalation training since PFS is a non-restrictive holds program.



V 118

V 118

	NT OF DEFICIENCIES AND CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	order of a person authorized by law to prescribe drugs.  (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.  (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. (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:  (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.  (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 record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1).  Record review on 7/11/24 for Client #1 revealed:		

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## V 118 Continued From page 3

-Date of admission: 1/1/19

- -Diagnoses: Autism spectrum disorder, Profound intellectual developmental disability, Non-verbal.
- -There was no physician's order for Trazodone.

Review on 7/12/24 of MARs 5/1/24-7/11/24 for Client #1 revealed:

-Trazodone 100mg (milligram) was documented as administered from 6/17-7/11/24. -There was no documentation as to how many tablets were administered only staff initials.

Observation on 7/11/24 at approximately 11am of Client #1's medication revealed 1 bottle of Trazodone 100mg dispensed on 6/17/24 with label instructions to give 1 or 2 tablets at bedtime as needed.

Interview on 7/11/24 with Client #1 was attempted but she did not respond to questions.

Interview on 7/11/24 with Staff #1 (alternative family living primary caregiver) revealed: -Client #1 recently began taking Trazodone. It was intended to help address behaviors that had increased since Client #1 had entered menopause.

- -Had administered 1 tablet the first 3 days but then administered 2 tablets every night. She was not aware she should have indicated how many tablets had been administered.
- -Would contact the pharmacy and/or her physician for Trazodone order.

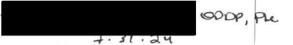
Interview on 7/12/24 with the Qualified Professional (QP) revealed:

- -Client #1 had lived with this family for most of her life (since age 6) and was well cared for.
- -Staff #1 was very mindful of her client's needs as well as the documentation required

#### V 118

Staff received corrected prescription from doctor reflecting the correct amount of tablets being administered for TN. Prescription and bottle now match. MAR can be adjusted should the medication order change back to 1 or 2 tablets. This way AFL can document whether 1 or 2 tabs were administered

QP will complete a review of MAR's for the next 3 months to ensure all prescriptions match medication bottles and all medications administered are being documented correctly on the MAR. QP will continue this means of review during each home visit, especially when a new medication is received to decrease this from occurring again.



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	Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.		
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