Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	!		Total Traction or seasons are		R	
MHL043-014		B. WING		06/06/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DAVAILS	ROAD GROUP HOME	190 RAWL	LS ROAD			
KAVVLS	ROAD GROUP HOWL	ANGIER,	NC 27501			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	completed on June	int and follow up survey was 6, 2024. The complaint was ke #NC00215455). A d.				
	category: 10A NCA	sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.				
		sed for 5 and currently has a survey sample consisted of clients.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered order of a person at					
	clients only when au client's physician.	all be self-administered by uthorized in writing by the				
	administered only by unlicensed persons pharmacist or other	cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and				
	(4) A Medication Adr all drugs administer current. Medications	e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be		RECEIVED		
	MAR is to include th (A) client's name;	ely after administration. The ne following:		DHSR-MH Licensume Start		
	(B) name, strength, (C) instructions for a	and quantity of the drug; administering the drug; ne drug is administered; and				

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 (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
MHL043-014		MHL043-014	B. WING			R 06/06/2024	
NAME OF	PROVIDER OR SUPPLIER	CTDEET AD	DDECC CITY	COTATE ZIDOODE	1 00/00	0/2024	
INAIVIE OF	PROVIDER OR SUPPLIER	190 RAW		, STATE, ZIP CODE			
RAWLS	ROAD GROUP HOME		NC 27501				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(VE)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	drug. (5) Client requests for checks shall be received.	of person administering the for medication changes or orded and kept with the MAR ppointment or consultation					
	medications as order 1 of 3 audited clients 1 of 3 audited 1 of 5 audit	view, interview, and illity failed to administer ered by the physician affecting is (#2). The findings are:  of client #2's record  of client #2's record  interview in the physician in the properties of the physician in the phy					
	thru May 2024 MARs when Guanfacine wa	of client #2's March 2024 s revealed the following days as administered and a pulse d to be less than 60 or no					

Division of Health Service Regulation

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL043-014			R <b>06/06/2024</b>		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		00/2021	
RAWLS	ROAD GROUP HOME		LS ROAD NC 27501				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
	Continued From particles of post- documentation of post- March 2024 - 03/02/24 - pulse rate - 03/03/24 - pulse rate - 03/08/24 - no pulse	ulse rate: ate 56. ate 56. e rate documented.	V 118				
	- 03/10/24 - pulse ra - 03/17/24 thru 03/2 documented.						
	- 04/14/24 - pulse ra - 04/28/24 - pulse ra - 04/30/24 - pulse ra	te 54.					
	May 2024 - 05/11/24 - pulse ra - 05/12/24 - pulse ra - 05/18/24 - pulse ra - 05/25/24 - pulse ra	te 48. te 59.					
	Supervisor stated: - Staff would contact with client #2's parar medications She would review r determine if staff not #2's pulse rate.	4 the facility Nursing the nursing for any issues meters for administration of nursing documentation to ified nursing regarding client					
	regarding contacting	e facility staff if needed nursing for client #2's cation administration.					

Division of Health Service Regulation

5ZZH11

## Rawls Road Group Home Plan of Correction

## Annual, Complaint and Follow-Up Survey Completed on June 6, 2024

## V118 27G .0209 (c) Medication Requirements

Nurse and QP have in-serviced all the group home staff on the protocol for administrating medications when there is a blood pressure and/or pulse reading needed. Nurse will monitor the MAR weekly for the span of two months to assure the staff is following protocol and will complete nursing assessments bi-monthly over next the next two months.

Staff was in-serviced the following protocol for administering medication for client #2 when there is blood pressure and pulse reading:

At all times RHA polices must be followed. It is the responsibility of the certified Med Tech to report factual information to nursing as ordered by the MD. MT must follow all instructions given in quick mar such as if there are parameters in place for b/p, pulse, on our clients these must be taken prior to medication administration, if the B/P or Pulse is below the stated order such as below 60 you must notify the on call nurse immediately for further instruction and hold the medication unless you are given instructions by a nurse not to. Any abnormalities need to be reported to the nurse on call. Once you are given further instruction by nursing you should also document this information in the comments box (for example notified pulse was 58, notified PCP and called back and stated med may be given) (That should be documented as On Call nurse called, told to hold med until she called back, called back stated PCP said you may give the medication, medication given per MD order) (Or on call nurse stated to hold medication per MD order) RHA policy states a nurse must be notified.