STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-007	A. BUILDING: _____ B. WING _____	R 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD	212 DOGWOOD LANE SNOW HILL, NC 28580

(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	INITIAL COMMENTS An annual and follow up survey was completed on May 10, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is license for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V118 Ensuring that members are taking their medication as prescribed is an important component of Ambleside's service provision, and failure to administer medication as prescribed can cause negative outcomes for the individuals that we serve, which is the antithesis of Ambleside's mission. To that effect, Ambleside will work diligently to prevent this deficiency from occurring again in the future.	
V 118	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 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.	V 118	In order to prevent future instances of this deficiency, the following will be implemented by Ambleside, 1) The Ambleside, Inc. Medical Coordinator will monitor the e-MAR system on a daily basis. Any instances of "Failure to record" on the e-MAR by staff will be addressed immediately. Ambleside will first verify that the medication was administered. In order to verify that the medication was administered, the Medical Coordinator (or other designated staff member), will review the bubble pack of the medication. The MC shall only be able to verify the med pass if initials of staff member are present on the bubble pack, with date included. Without these data points, the medication cannot be verified as administered. In any instance where the medication cannot be verified as administered, the MC must contact the pharmacist on-call and report this instance as a medication error, and document the instance as a Level 1 Incident Report.	5/21/24

RECEIVED
MAY 22 2024
DHSR-MH Licensure Sect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-007	A. BUILDING: _____ B. WING _____	R 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD	212 DOGWOOD LANE SNOW HILL, NC 28580

(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	Continued From page 1 (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 review, interview, and observation, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 3 audited clients (#1 and #2). The findings are: Finding #1: Review on 05/09/24 of client #1's record revealed: - 83 year old male. - Admission date of 06/08/93. - Diagnoses of Schizophrenia, Moderate Intellectual Developmental Disability (IDD), Hearing Loss, Allergic Rhinitis, Hypokalemia, Psychotic Disorder and Auditory Hallucinations. Review on 05/09/24 of client #1's medication orders revealed: - Benztropine (treats Parkinson's type symptoms) 0.5 milligrams (mg) - take one twice daily. - Rosuvastatin (treats high cholesterol) 5mg - take once daily. Review on 05/09/24 of a facility level 1 incident report for client #1 revealed: - Date of incident: 03/24/24. - Time of incident: 10:45pm. - Type of incident: Missed Dose was checked.	V 118	2) In addition to daily monitoring, the Medical Coordinator (or designated personnel) will conduct a monthly review of all member's MARs for each member who resides in this home. The MC will be responsible for reviewing the MAR, identifying any "missed med passes." If any "holes" are identified, the MC will work towards resolution/ identification of the source of the "hole." Once the cause of the issue is ID'ed, the MC will complete Level 1 Incident Reports (if not already completed), or verify that the med was passed through the verification method identified above. Through these methods, we believe that we will be able to prevent these deficiencies from occuring again in the future. At this time, all steps identified in this corrective measure have been implemented, and we have 0 holes thus far into the month of May.	5/21/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-007	A. BUILDING: _____ B. WING _____	R 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD	212 DOGWOOD LANE SNOW HILL, NC 28580

(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	Continued From page 2 - Medication name: Benztropine. - Description of incident: Staff #5 noticed a red flag on the e-mar for client #1's benztropine. He called the pharmacy. Pharmacist authorized to give medication. Benztropine was administered at 10:55pm rather than the scheduled time of 8pm. Review on 05/09/24 of client #1's February 2024 MAR revealed: - Rosuvastatin had run out and a level 1 incident report was created. Finding #2: Review on 05/09/24 of client #2's record revealed; - 50 year old male. - Admission date of 03/03/15. - Diagnoses of Moderate IDD, Schizophrenia, Seizures, Insomnia, Hyponatremia, Diabetes, Anemia and Vitamin D Deficiency. Review on 05/09/24 of client #2's signed medication orders dated 05/01/24 revealed: - Haloperidol (antipsychotic) 10 milligrams (mg) - take 1 tablet twice daily. - Haloperidol 5mg - take 1 tablet at noon. - Lorazepam (antianxiety) 1mg - take 1 tablet at noon. - Metformin (treats diabetes) 500mg - take 1/2 tablet in morning. - Chlorpromazine (antipsychotic) 100mg - take 2 tablets three times daily. - Benztropine (treats Parkinson's type symptoms) 2mg - take 1 tablet twice daily. Review on 05/09/24 of facility level 1 reports for client 32 revealed: A: - Date of Incident: 04/26/24-04/27/24. - Time of incident: 8am, 12pm and 2pm.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-007	A. BUILDING: _____ B. WING _____	R 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD	212 DOGWOOD LANE SNOW HILL, NC 28580

(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	Continued From page 3 - Type of incident: Wrong dose and missed dose identified. - Metformin was discovered to have been missed on 04/27/24. - The 12pm medications of Lorazepam and Haloperidol were missed 05/26/24. - "The 2pm dose of Chlorpromazine had a potential overdose for Saturday the 27th." - The pharmacy was notified of all medication errors. B: - Date of incident: 04/15/24. - Time: 7:50pm. - Missed dose identified. - Benztropine was unavailable for administration at designated time. - The pharmacy sent the medication later in the evening and was given at "11:10pm." Review on 05/09/24 of client #2's February 2024 and April 2024 MARs revealed medication errors: April 2024 - No staff initials to indicate Chlorpromazine 100mg was administered on 04/25/24 at 2pm. - Lorazepam 1mg med needed to be refilled. - Haloperidol and Lorazepam at 12pm medication. February 2024 - 02/08/24 Haloperidol and lorazepam was not administered at 12pm. - 02/08/24 Chlorpromazine was not administered 100mg at 2pm. - 02/12/24 was not administered at 2pm. Interview on 05/09/24 client #2 stated he received his medication daily. Interview on 05/10/24 staff #5 stated:	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-007	A. BUILDING: _____ B. WING _____	R 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD	212 DOGWOOD LANE SNOW HILL, NC 28580

(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	Continued From page 4 - He had training in medications. - He had missed administering medications and the pharmacist was notified. Interview on 05/09/24 the Director Operations stated: - There had been frequent issues with medications and staff receive ongoing training. - All medication errors are reported to the pharmacy and level 1 incident reports completed. - The pharmacy had issues with not sending medications. - He had addressed concerns with the pharmacy. - He wanted to ensure all clients received their medications as ordered.	V 118		