STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING:					
	MHL042-066		B. WING		08/	14/2024	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETTER	CONNECTIONS - LE	E LANE	300 LEE I ROANOK	LANE E RAPIDS, N	C 27870		
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V 000	INITIAL COMMENTS			V 000			
	An annual survey w Deficiencies were c	/as completed on 8/1 sited.	4/24.				
	category: 10A NCA	sed for the following: C 27G .5600C Supe th Developmental Dis	rvised				
	This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.						
V 118	27G .0209 (C) Med	ication Requirement	s	V 118			
	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 administering the drug.						

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		o. I`′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL042-066	B. WI	NG		08/	14/2024
NAME OF	PROVIDER OR SUPPLIER	STF	REET ADDRESS	, CITY, S	TATE, ZIP CODE		
BETTER	CONNECTIONS - LE	FIANE	D LEE LANE DANOKE RAP	PIDS, N	C 27870		
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V 118	(5) Client requests checks shall be rec file followed up by a with a physician.	for medication changes of corded and kept with the I appointment or consultati	MAR	18			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the MAR was kept current affecting 2 of 3 audited clients (#1, #3). The findings are: A. Review on 8/13/24 of client #1's record revealed: - Admitted: 9/6/10 - Diagnoses: Autism, Intermittent Explosive Disorder, Profound Intellectual Disability, Seizure Disorder and Major Depressive Disorder - A physician's order dated 7/15/24 revealed: - Mineral Oil, instill 3 drops into each ear weekly (ear cleaning)		ive eizure led:				
	2024 - August 2024 - Staff initialed the initials to direct for additional inform - At the bottom of daily that the medically that the medically there was a medication being limited.	the MAR with a circle arou the reader to look at the nation of the MAR, staff made a cation was administered 4 staff #1 reported: medication error or a sted daily but it was a we ould have immediately cal	ind notes note				

Division of Health Service Regulation

Division	<u>of Health Service Re</u>	egulation				_	
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NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RETTER	CONNECTIONS - LE	EIANE	300 LEE L	.ANE			
DETTER	CONNECTIONS - LEI	E LANE	ROANOK	E RAPIDS, N	C 27870		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2		V 118			
	Interview on 8/14/24 staff #2 reported: Client #1's note on his mineral oil was just "misworded" saying it was given daily His mineral oil was weekly, and he gave it every Sunday morning He did not give client #1 mineral oil any additional days "It was a mistake on my part" He had previously told the RD at one point that the mineral oil was showing up daily on the electronic MAR then it would get fixed, but it kept coming back so he just started putting in a note saying that the medication was given He should have noted medication given for the week and not just medication given for the week and not just medication given If it happened again, he would call the RD so they could call the pharmacist to stop the medication from showing up daily Interview on 8/13/24 & 8/14/24 the RD reported: Looked at the MARs monthly and compared them to the doctor's orders Last time MARs were checked would have been July 2024 She checked for the initials and making sure staff signed off on medications It didn't raise a "red flag" when the staff initials on the mineral oil was circled She focused more on the medication being administered The medication shouldn't have shown up as a daily medication She didn't know how she missed that						
	documentation error - She was never showing up and bei administered - Staff #2 should	told that the ng signed of					

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	PROVIDER OR SUPPLIER		STREET AD		STATE, ZIP CODE		
BETTER	CONNECTIONS - LE	E LANE		E RAPIDS, N	C 27870		
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V 118	B. Review on 8/13/2 revealed: - Admitted: 3/11/- Diagnoses: Sc Severe Intellectual Disorder-Bipolar Ty - A physician's or - Cetirizine 1 tab at bedtime (alle - Aveeno Lor (anti-itch) Review on 8/13/24 August 2024's MAF - Aveeno was not administered from discontinued by it - Cetirizine was radministered from discontinued by it - Aveeno was not administered 8/1/24 Interview on 8/13/24 Interview on 8/13/24 - It was not show so she didn't know was not on the MAF - They were wait from the doctor - They couldn't uthe order from the couldn't know talking about becaut 3/1/24 - Client #3 had be she didn't see why medication was not on the she didn't see why s	24 of client #3's r 14 hizophrenia-Para Disability, Schizo pe rder dated 3/1/24 Omg (milligram) rgies) tion, apply daily of revealed: at signed off as be r/27/24 - 7/31/24 at signed off as be r/27/24 - 7/31/24 at signed off as be r/27/24 - 7/31/24 at signed off as be r/27/24 - r at signed off as be r/27/24 - r at signed off as be r/27/26/24 - r at signed off as be r/26/24 - r at signed off as be r/27/26/24 - r at signed off as be r/26/24 - r at signed off as be r/26/24 - r at signed off as be r/27/26/24 -	anoid Type, paffective revealed: tablet (tab), 1 on skin / 2024 and eing and had being and had eing treported: on her end, and Cetirizine pdated order n until they got d: nacist was ere signed or years so atch that this	V 118			

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BETTER	CONNECTIONS - LE	E LANE	300 LEE L ROANOK	.ANE E RAPIDS, N	IC 27870		
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V 118	Continued From page 4		V 118				
	medications had stopped being initialed as being administered so she did not catch the error Interview on 8/13/24 the Qualified Professional reported: - Try to verify at least monthly that the MARs are correct - Believed that she checked the MARs in July 2024 but did not check in August - They never had issues with the MARs or medications - "This calls for an in-service" Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.						
V 736	27G .0303(c) Facili	ty and Grou	nds Maintenance	V 736			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.						
	This Rule is not me Based on observati was not maintained manner. The findin	on and inter in an attrac	rview the facility				
	Observation on 8/13/24 at approximately 12:30pm revealed: - White foam around the hallway bathroom						
	sink - Peeled paint behind the toilet in the hallway bathroom - Four small circular holes in the wall behind						

Division of Health Service Regulation STATE FORM

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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 736	the hallway bathrooused to be The grass was high Interview on 8/13/24 Reported: The white foam Thinks it (white The landlord is The soap holdereplaced The grass was company cuts it ever	m sink where the soap holder approximately four inches 4 the Residential Director has been there about a week foam) is a calcium buildup replacing the sink faucet er was pulled off and is getting mowed last week and a	V 736			

Division of Health Service Regulation STATE FORM