STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL014-090		B. WING		08/27/2024		
					00/2/	1/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AMBER'	S WAY		OWN TERRA (, NC 28601	CE		
(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	00 INITIAL COMMENTS		V 000			
	An annual survey was completed on August 27, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.					
V 118	census of 2. The survey sample consisted of					

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

(X6) DATE TITLE

DIVISION	of Health Service Re	eguiation				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL014-090		B. WING		08/27/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY. S	STATE, ZIP CODE		
			OWN TERRA			
AMBER'	S WAY		, NC 28601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	interviews, the facil medications were a order of a physician clients (#1, #2), tha affecting 1 of 2 aud were administered unlicensed persons person affecting 2 of	on, record reviews and				
	-Date of admission: -Diagnoses: Moder Disability (IDD), Dia -Physician orders d -Tresiba 200mg (diabetes) inject 10 order prior to 7/12/2 surveyAspirin (heart) was sheet but did not in instructions.	ate Intellectual Developmental abetes Mellitus Type II. ated 7/12/24: g (milligram) flex touch pen units under the skin daily. No 24 was presented during the slisted on the signed order clude the strength or				
	Review on 8/26/24 2024 MARs revealed	of Client #1's June-August ed:				

-Tresiba was initialed as administered

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL014-090		B. WING		08/27/2024	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AMBER'S WAY	_	WN TERRA , NC 28601	CE		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
medications revealer - Tresiba was disper - Aspirin 81mg OTC directed with expirary and of Client #2's - Ipratropium 0.03% each nostril twice darent in twice darent in the control of the	d as administered 6/24 at 11:00am of Client #1's ed: nsed on 6/11/24. (over the counter) take as tion date of 12/2026; s medications revealed: nasal spray, use 1 spray in aily. I release 500mg, 1 tab twice of Client #2's record revealed: 12/29/17. ate IDD, Dementia, Epilepsy, sorder, Abnormalities of Gait ated 4/1/24: omide spray 21mcg gies) 1 spray into each nostril lium delayed release/enteric Omg (epilepsy) take 2 tabs otal) at bedtime. of Client #2's June-August ed: ritten instructions: use 2	V 118			

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-The MAR instructions and medication label

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	Of Fleatiff Service IN					a
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPF IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA	l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWIDER.	A. BUILDING:		COIVII	LLILD
		MHL014-090	B. WING		08/2	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY O	STATE, ZIP CODE		
NAIVIE OF I	PROVIDER OR SUPPLIER					
AMBER'	S WAY		OWN TERRA	GE .		
	I	HICKORT	, NC 28601			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
17.0		,	17.0	DEFICIENCY)		
\/ 110	Continued From no	gg 2	V 118			
V 110	Continued From pa	ge s	V 110			
	instructions for ipra	tropium or divalproex did not				
	match the physiciar	n order instructions.				
	Interview on 8/26/2	4 with the local Pharmacist				
	-There were not an	y negative side effects if an				
		n 2 sprays of ipratropium in				
		only 1 spray in each nostril as				
		ent #2) should be fine."				
	-There would "be some differences" if an individual were given divalproex at 7am and 7pm versus 2 tabs at bedtimeThere would not "necessarily" be negative side effects if divalproex was taken one at 7am and one at 7pm, "actually less side effects." -"effectiveness of the drug (divalproex) can be					
	less effectiveefficacy of the drug (divalproex)					
	could be effected."					
	Interviews on 8/26/2	24 and 8/27/24 with the AFL				
	Provider #1 reveale					
		e MARs each month.				
		d match medication label to				
		is when medication is given.				
		oked at the MAR betterjust				
	an oversight."	-				
	-Client #1 had been	ı given an injection for				
		noved in almost a year ago.				
		Novolog daily as well as				
		ek. Doctor discontinued the				
	Novolog because Client #1 was doing well on other medications. Had difficulty getting Trulicity due to a national shortage so the doctor ordered					
	the Tresiba pen on					
		told us how to do the shots				
	but never had a cla					
	injections with the T	does all of [Client #1]'s				
		n one spray of ipratropium in				
	each nostril.	Tono Spray or ipratiopidin in				

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SOP211 If continuation sheet 4 of 6

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL014-090	B. WING		08/27/2024	
NAME OF	PROVIDER OR SUPPLIER		DRESS. CITY. S	STATE, ZIP CODE	1 00.2	.,
			WN TERRA			
AMBER	5 WAY	HICKORY	, NC 28601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 -Had given Client #2 divalproex "one in the morning and one at night" during her daily medication administration. -She spoke to Client #2's doctor a year ago about her giving one divalproex in the morning and one at night. Client #2's doctor told her, one (divalproex) in the morning and one at night compared to the instructions of two at bedtime, didn't matter as long as she was getting them. -The QP 'did not say anything to her' about medication labels not matching the Physician orders and MARs when they did their monthly on-site (at facility) checks. -" I should of checked the label (medication) and order (physician's) every time." -She will talk to Client #2's doctor to "make sure the order matches the medication label." Interviews on 8/26/24 and 8/27/24 with the AFL Provider #2 revealed: -He took Client #1's blood sugar every morning. -"I've been doing his (Client #1) Tresiba since it started in June." -"They were supposed to send a nurse when he (Client #1) first moved in but one never came." -"Went online and googled how to do it." Interviews on 8/26/24 and 8/27/24 with the Qualified Professional (QP) #1 revealed: -"The previous QP trained them on it (giving Client #1 injections) but didn't document it. "I understood [AFL provider #1] had previously been trained because she had dealt with clients or family members before." Interview on 8/26/24 with the QP #2 revealed: -She looked at the medication labels, the physician orders and checked them against the					

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-"[AFL Provider #2] creates the MAR and needs

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
MHL014-090		B. WING		08/2	08/27/2024		
NAME OF	PROVIDER OR SUPPLIER	5747 CRO	ORESS, CITY, S WN TERRA , NC 28601	STATE, ZIP CODE CE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	to match it with the (Physician) order." -"Didn't catch" that instructions for diva Physician order instithe last time she vis -"Didn't catch" that ipratropium nasal s	medication label and the the MAR and medication label diproex did not match the tructions of 2 tabs at bedtime sited the facility. the MAR instructions for pray did not match the d Physician order the last time	V 118				

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