PRINTED: 09/13/2024 FORM APPROVED

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED			
MULO		MIII 0004257	B. WING		R		
		MHL0601257] 5: ******		09/10/2024		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT				
HINDS' FE	HINDS' FEET FARM-PUDDIN'S PLACE						
			VILLE, NC 280		T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	IMARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETE			
V 000	INITIAL COMMENTS		V 000				
	An annual and follow on 9-10-24. Deficienc	up survey was completed ies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities.						
This facility is licensed for six and currently has a census of six. The survey sample consisted of audits of three current clients.							
V 118	27G .0209 (C) Medica	ation Requirements	V 118				
	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						

(X2) MULTIPLE CONSTRUCTION

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			B 14/11/0		R		
		MHL0601257	B. WING		09/10/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HINDS' FE	EET FARM-PUDDIN'S PLA	ACE	CK FARMS ROAD VILLE, NC 28078				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	N (X5) BE COMPLETE RIATE DATE			
V 118	Continued From page 1		V 118				
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation					
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to the medications were dispensed according the the physicians order, effecting two of three audited clients (Clients #1, and #2). The findings are:						
	Finding #1						
	orders revealed:	Client #1's Physician's triq 50 mg (milligrams) TB 24 ne tablet daily.					
	2024, August 2024 ar revealed: -July 26 through (milligrams) TB 24 wa revealed that the pha -August 1, 3, 4, 5 given with a note in th	Client #1's MAR's for July and September 2024 July 31, no Myrbetriq 50 mg as given. Not in the MAR remacy had not delivered it. 5, 6, 7, 8, and 9 MAR was not the MAR revealed that the in a refill from the pharmacy.					
	Finding #2						
	orders revealed:	Client #2's Physician's					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601257		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED R 09/10/2024	
		B. WING		00		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE ZIR CODE	03	710/2024
		14645 BI	ACK FARMS RO			
HINDS' FE	EET FARM-PUDDIN'S PL	ACE HUNTER	SVILLE, NC 280	78		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 118	118 Continued From page 2		V 118			
	breakdown) apply to buttocks twice daily 11-22-22, Fibercon 625 mm (milligrams) (for constipation) give one tablet at bedtime 5-7-24, Levothyroxine Sodium 112 MCG (micrograms) (thyroid) 5-7-24.					
	August 2024 and Sep -September 4, no the MAR revealed the had been orderedAugust 17th, Le not given, note in MA not in the facilityJuly 1 through 1	Client #2's MAR's July 2024, otember 2024 revealed: o Fibercon available, note in e medication was out but vothyroxine Sodium 112 mcg R revealed medication was 3th, Calmoseptine 0.44-in the MAR revealed the in the facility.				
	-The facility has out on medical leave -They don't know pharmacy, the staff n combination of both. -They would fix t	with the Director revealed: a nurse, but she has been for a few months. wif it is a problem with the ot ordering in time, or a the problem immediately. witutes a re-cited deficiency				
	and must be correcte					
V 120	27G .0209 (E) Medica	ation Requirements	V 120			
	10A NCAC 27G .0209 REQUIREMENTS (e) Medication Storag (1) All medication sha (A) in a securely lock well-lighted, ventilate and 86 degrees Fahr	ge: all be stored: ed cabinet in a clean, d room between 59 degrees				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74151 2741	A. BUILDING:					
		MHL0601257	B. WING		R 09/10/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HINDS' FE	EET FARM-PUDDIN'S PL	ΔCF	ACK FARMS RO			
	CLIMMADY CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON OFF	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
V 120	Continued From page	e 3	V 120			
	(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.					
	failed to ensure that in separately for each of audited clients (Client Observation on 9-10-medications revealed -External medications and the same dried Client #4's external medications on 9-10-24 Coordinator revealed -He knew that into be stored separately, internal medications a separately for each of	n and interview the facility medications were stored lients effecting one of three t #3). The findings are: 24 of Client #3's : tition Jublia 10% solution was awer with no divider with nedications. with the Operations : ternal medications needed to but did not know that also needed to be stored lient.				
		with the Director revealed: e sure that all internal and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
MUI 0004257		B. WING		R 09/10/2024			
MHL0601257			l	TF 7ID CODE	09/1	0/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14645 BLACK FARMS ROAD							
HINDS. FE	HINDS' FEET FARM-PUDDIN'S PLACE HUNTERSVILLE, NC 28078						
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 120	Continued From page	÷ 4	V 120				
V 120		e 4 were stored separately for	V 120				

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