STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3)			(3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICA		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL0411095	B. WING		R 08/22/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PALM HO	PALM HOUSE 3212 PRESLEY WAY						
TALMITIO		GREENSE	ORO, NC 2740	05			
(X4) ID PREFIX TAG	(EACH DEFICIENC	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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on 8/22/24. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.						
V 118	V 118 27G .0209 (C) Medication Requirements		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.						

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL0411095	B. WING		08/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PALM HO	USE	3212 PRES	SLEY WAY ORO, NC 2740	15		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	JST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL			
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				
	were kept current and medications on the w authorized by law to p	ew, observation and ailed to ensure the MARs I failed to administer ritten order of a person				
	record revealed: - Admission date of 9 Diagnoses of Moder Autism - Physician orders da following medications - Vitamin B12 25 1 tablet sublingually of	rate Mental Retardation and ted 4/5/24 and 5/7/24 for the : 00 mcg (micrograms) tablet:				
	MARs from June 202 revealed: - June 2024 - August B12 deficiency): 250 tablet under the tongulus July 2024: Famotidii	and 8/22/24 of Client #1's 4 through August 2024 2024: Vitamin B12 (vitamin mg (milligrams) dissolve 1 ue 1 time per day. ne (gastroesophageal reflux tablet by mouth 2 times per				

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DIVISION	n nealth Service Regu	ialion			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		==================================			
				R	
MHL0411095		B. WING		08/22/2024	
			•		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
541.44.116	10=	3212 PRE	SLEY WAY		
PALM HO	USE	GREENS	BORO, NC 2740	05	
	OLIMANA DV OT				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
IAG		,	IAG	DEFICIENCY)	
			+		
V 118	Continued From page	2	V 118		
	•	taff initials at 7 am on the			
	following dates: 1, 2,	3, 8, 9, 12, 16, 18, 21, 22,			
	23, 29, 30, and 31.				
	Observation on 8/20/2	24 at 1:56 pm of Client #1's			
	medications revealed	•			
		following dosage listed on			
		•			
	the bubble packet: 25				
		following dosage listed on			
	the bubble packet: 20	mg			
	Reviews on 8/20/24 a	and 8/22/24 of Client #2's			
	record revealed:				
	- Admission date of 9	/1/22.			
	- Diagnoses of Autisti	c Disorder: Moderate			
	Intellectual Disabilities				
	Hyperactivity Disorde				
		* ·			
	Intermittent Explosive				
	_	ed 2/1/24 for the following			
	medications:				
	- Oxcarbazepine (seizures) 300 mg: 10 ML				
	(milliliter) 2 times per	day.			
	 Levetiracetam (seizures) 100 mg: 5 ML by			
	mouth 2 times per da	у.			
	·				
	Reviews on 8/20/24 a	and 8/22/24 of Client #2's			
		4 through August 2024			
	revealed:	+ tillough / tugust 2024			
		na: taka 10 ML 2 timaa nar			
	•	ng: take 10 ML 2 times per			
	day.	5.44			
		ng: 5 ML by mouth 2 times			
	per day: the second d	lose was not documented.			
	Attempted interviews	on 8/20/24 with clients #1			
	and client #2:				
	- Unable to interview.				
	Interview on 8/22/24 v	with staff #3 revealed:			
		esional created the written			

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MARs each month.

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
				R		
MHL0411095		B. WING		08/22/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PALM HO	USE	3212 PRES	SLEY WAY			
		GREENSB	ORO, NC 2740	05		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	e 3	V 118			
	- He administered clie Levetiracetam He administered clie morning and initialed the Famotidine. He w blanks on the MARs f Interview on 8/22/24 v - The Qualified Profes MARs each month. S writing up the MARs.' - "[Client #1] gets it (I twice day." She work was the other staff wh Levetiracetam to clier - Client #2's Levetirace	ent #2's morning dose of ent #1's Famotidine in the each time he administered as unsure why there were for client #1's in the morning. with staff #1 revealed: esional created the written She was "not responsible for Levetiracetam 100 mg) as 4 days a week. Staff #4 no administered the ent #2. eetam pm dose was not				
	written on the mar but "we are going to fix the MAR." - Client #1's Famotidine had blanks on the July 2024 MAR "he could have been on a home visit." She did not work on the days there were no initials for client #1's Famotidine.					
	 He administered clie him at 7 pm each day He did not initial that 	t he was giving client #1 his ere was not a place to sign				
	Professional (QP)	on 8/22/24 with the Qualified ountry and could not be				
	The Qualified ProfesMARs each month.She had no idea wh	with the Licensee revealed: ssional created the written y Client #2's Oxcarbazepine n the MARs as 60 mg				

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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	
MHL0411095		B. WING		l l	R 08/22/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PALM HO	USE		ESLEY WAY BORO, NC 2740	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	instead of 300 mg. "I error." - Client #2 received of Oxcarbazepine. - Client #2's MAR was dose of Levetiracetan twice a day." - The QP forgot to "w staff have been giving talked to the staff todahe was getting it twice written on the MAR to Client #1's Famotidi 2024 MAR because "know why."	think he (QP) made a typo 10 ML 2 times a day of the s missing a line for the pm n, but he was "getting it rite out the second line, but g it 2 times a day." She ay and "they all stated that e a day because it was b take twice a day." ne had blanks on the July to be honest I really don't	V 118			

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