STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G208	A. BUILDING _____ B. WING _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-PURSER GROUP HOME	1615 PURSER DRIVE CHARLOTTE, NC 28215

(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) COMPLETION DATE
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that all drugs, including those that are self-administered, were administered without error for 1 of 6 clients (#1). The finding is: Observation in the group home on 9/25/24 at 7:40 AM revealed client #1 to enter the medication room for medication administration. Continued observation revealed client #1 to receive the following ten (10) medications: Escitalopram 10 mg - 1 tablet, Dairy Relief 3000 U - 1 tablet, GNP B-12 500 mcg - 1 tablet, Levothyroxine 125 mcg - 1 tablet, Levetiracetam 250 mg - 1 tablet, Stimulant Lax 8.6-50 mg - 1 tablet, Risperidone 1 mg - .5 tablet, Phenobarb 32.4 mg - 1.5 tablets, Pregabalin 25 mg - 1 capsule, Restasis .05% eye drops in both eyes. Review of client #1's record on 9/25/24 revealed physician orders dated 9/25/24 which indicated client #1's prescription for Risperidone reads as follows: "TAKE **ONE-HALF** TABLET BY MOUTH ONCE DAILY FOR 1 WEEK. Schedule: DAILY AT 08:00. Orig. Date: 5-Sep-2024." Continued record review revealed a Medication Administration Report (MAR) which indicates that client #1 received the .5 tablet (.5 mg) dose of Risperidone at the 8:00 AM medication pass on consecutive days beginning on 9/12/24 and ending on 9/18/24. The MAR includes a note which states, "20-Sept-2024 8:13 AM RISPERIDONE TAB 1MG WITHHELD PER	W 369		

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	(X3) DATE SURVEY COMPLETED
	34G208	A. BUILDING _____ B. WING _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 369	Continued From page 1 DR/RN ORDERS. Med held until order information is updated." Further review of the MAR revealed that client #1 then received the .5 mg dose during the 8:00 AM medication pass beginning on 9/20/24 and ending on 9/25/24. Interview with the Registered Nurse (RN) on 9/25/2024 verified client #1's physician orders to be current. Continued interview with the RN confirmed that client #1 should not have received the .5 mg dose of Risperidone during the 8:00 AM medication pass after the initial one-week order which expired on 9/18/24.	W 369		