PRINTED: 09/03/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED B. WING MHL014-090 08/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5747 CROWN TERRACE** AMBER'S WAY HICKORY, NC 28601 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 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 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:

drug. Division of Health Service Regulation

STATE FORM

(A) client's name:

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

(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

TITLE m MANAGER (X6) DATE

PRINTED: 09/03/2024 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B WING 08/27/2024 MHL014-090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5747 CROWN TERRACE** AMBER'S WAY HICKORY, NC 28601 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. all corrections are expected to be completed by 9/20/2024, MARS have been updated. · Client 1-Training with Staff This Rule is not met as evidenced by: 1 # Z occurred on 8/28/2024 with the SKIII Creations nurse. Based on observation, record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 2 of 2 audited The nuse transed on injections, and using a glucometer, Competency clients (#1, #2), that MARs were kept current affecting 1 of 2 audited clients (#2) and injections chechists were completed and filed in the staff folders Add tronal training will be done as needed. were administered only by licensed persons or by unlicensed persons trained by a legally qualified person affecting 2 of 3 audited staff (Alternative Family Living (AFL) Provider #1, #2). The findings · Staffand apare working with the physicians to get up to dote MAR's as well as MARs for are: Review on 8/26/24 of Client #1's record revealed: -Date of admission: 9/15/23. previous time period. The QM -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Diabetes Mellitus Type II. manage will review med orders. mars and med bottles quaterly to ensure they are correct. The QP will also review the med orders -Physician orders dated 7/12/24: -Tresiba 200mg (milligram) flex touch pen (diabetes) inject 10 units under the skin daily. No order prior to 7/12/24 was presented during the marks and med bettles monthly of -Aspirin (heart) was listed on the signed order

instructions.

2024 MARs revealed:

sheet but did not include the strength or

-Tresiba was initialed as administered

Review on 8/26/24 of Client #1's June-August

home visits.

Policy is a place to ensure this does not happen. The Executive

Director will address concerns in mothly of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY	
70001 270	VOI CONTRECTION	IDENTIFICATION NOWIBER.	A. BUILDIN	G:	CON	MPLETED
		MHL014-090	B. WING		08	/27/2024
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	- 11/AV		OWN TERR			
AMBER'	S WAY		, NC 2860			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES			211	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	D BE	(X5) COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OPRIATE DATE	
				DEFICIENCY)		
V 118	Continued From page	ge 2	V 118			
	6/11-8/25/24.					
	-Aspirin was initialed	d as administered				
	6/11-8/26/24.					
		5/24 at 11:00am of Client #1's				
	medications reveale -Tresiba was dispen					
	-Aspirin 81mg OTC	(over the counter) take as				
	directed with expirat					
	-and of Client #2's	medications revealed:				
	-Ipratropium 0.03% r	nasal spray, use 1 spray in				
	each nostril twice da					
		release 500mg, 1 tab twice				
	daily.					
	Review on 8/26/24 o	f Client #2's record revealed:				1
	-Date of admission:	12/29/17				
		te IDD, Dementia, Epilepsy,				
	Bipolar, Impulse Disc	order, Abnormalities of Gait				
	and Mobility.					
1	-Physician orders dat					
		mide spray 21mcg				
	two (2) times a day.	es) 1 spray into each nostril				
		um delayed release/enteric				
		ng (epilepsy) take 2 tabs				
	(tablets) (1,000mg to	tal) at bedtime.				
	Review on 8/26/24 of Client #2's June-August 2024 MARs revealed:					
		: ten instructions: use 2				
	sprays in each nostril					
	-Ipratropium was initia					
		ose and 6/1-8/25/24 for pm				
	dose.					
		en instructions: take 1 tablet				
	wice a day.					
	Divalproex was initial	led as administered				
	The MAR instructions	and 6/1-8/26/24 pm dose. s and medication label				
	a chiodidollo	- and modication label				- 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		X3) DATE SURVEY COMPLETED	
		MHL014-090	B. WING		08/2	7/2024	
				TATE, ZIP CODE			
5747 CRO		OWN TERRACE Y, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	Interview on 8/26/2 revealed: -There were not an individual was give each nostril versus prescribed, " ( Cli-There would "be s individual were give versus 2 tabs at be-There would not "reffects if divalproes one at 7pm, " act -" effectiveness cless effective efficould be effected."  Interviews on 8/26/Provider #1 reveale-She handwrote the-Normally she wouthe MAR instructio -" should have lo an oversight." -Client #1 had bee diabetes since he Was administered Trulicity once a we Novolog because other medications due to a national sthe Tresiba pen or "[Client #1]'s doctor but never had a client [AFL Provider #2].	tropium or divalproex did not in order instructions.  4 with the local Pharmacist  y negative side effects if an in 2 sprays of ipratropium in only 1 spray in each nostril as itent #2) should be fine."  ome differences" if an en divalproex at 7am and 7pm edtime.  Inecessarily" be negative side in was taken one at 7am and equally less side effects."  of the drug (divalproex) can be cacy of the drug (divalproex)  (24 and 8/27/24 with the AFL ed:  e MARs each month.  Id match medication label to ons when medication is given.  oked at the MAR betterjust on given an injection for moved in almost a year ago.  Novolog daily as well as ek. Doctor discontinued the Client #1 was doing well on Had difficulty getting Trulicity hortage so the doctor ordered in 6/11/24.  or told us how to do the shots ass/training."  If does all of [Client #1]'s	V 118	DEFICIENCY)			
	injections with the -Client #2 was give	Tresiba pen." en one spray of ipratropium in					

each nostril.

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STATEMENT OF DEFICIENCIES (X1) PROV

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL014-090	B. WING		08/	27/2024
NAME O	F PROVIDER OR SUPPLIER			TY, STATE, ZIP CODE		
AMBER	R'S WAY	5747 CRC HICKORY				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From pag	ge 5	V 118			
	to match it with the r (Physician) order." -"Didn't catch" that the instructions for dival Physician order instrathe last time she visi -"Didn't catch" that the ipratropium nasal sp	medication label and the me MAR and medication label proex did not match the uctions of 2 tabs at bedtime ted the facility. me MAR instructions for ray did not match the Physician order the last time				

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ 08/27/2024 B WING MHL014-090 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5747 CROWN TERRACE** AMBER'S WAY HICKORY, NC 28601 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 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

MARs when she visited the facility once a month. -"[AFL Provider #2] creates the MAR and needs