Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-131	A. BUILDING: _____ B. WING _____	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BECKETT HOME	135 BLOSSOM HILL ROAD LINCOLNTON, NC 28092

(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	INITIAL COMMENTS An annual and complaint survey was completed on August 28, 2024. The complaint was unsubstantiated (intake #NC00218891). 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 3 and has a current census of 2. The survey sampled consisted of audits of 2 current clients and 1 former client.	V 000		
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	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ashley Terry, BA|QP, Regional Manager — TITLE — (X6) DATE: 9/17/24

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered on the written order of a physician for 1 of 2 clients (Client #1). The findings are: Review on 8/15/24 of Client #1's record revealed: -admission date 3/16/16. -diagnoses of Unspecified Severe Intellectual Developmental Disability, Autistic Disorder, Disruptive Behavior Disorder, and Epilepsy. Observation on 8/15/24 at 12:48 p.m. of Client #1's medications revealed: -Lorazepam (seizures) 1 milligram (mg) - 2 tablets every 6 hours PRN (as needed) - dispensed 7/27/24. -Epidiolex Solution (seizures) 100 mg/ml (millimeters) - 6 ml 2 times a day - dispensed 7/23/24. Review on 8/15/24 of Client #1's MARs from 6/1/24 through 8/15/24 revealed: -Lorazepam - 1 mg - PRN - had not been administered. -Epidiolex Solution - 6 ml 2 times a day was	V 118		

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V 118	Continued From page 2 administered daily. Review on 8/16/24 and 8/28/24 of Client #1's physician orders revealed: -a "Physician's Order Sheet" with the physician's name typed. -there was no handwritten or electronic signature by the physician. Interview on 8/15/24 with the AFL provider revealed: -did not have the orders for Lorazepam or Epidiolex Solution. -the main office should have a copy of the requested physician's orders. Interview on 8/28/24 with the Qualified Professional revealed: -could not locate signed physician's orders for Client #1's Lorazepam or Epidiolex Solution. -was not aware the typed name of the physician was not sufficient as a signed order.	V 118	**Corrective action:** The QP worked with the AFL provider to ensure the properly signed orders were in place for all medications ordered for the client. In addition to ensuring that the properly signed orders were in place the QP ensured we have orders for all medications that are to be administered. Also, the QP reviewed the process for the AFL provider to obtain properly signed orders from the pharmacy. **Preventive Measures:** The following measures will be put in place to prevent the problem from occurring again. The AFL provider will be receiving training on what it means to have a properly signed medication order in place. The AFL provider will also receive training on the importance of verifying the accuracy and completeness of orders in their possession. Training will also include education on the process for obtaining and storing signed orders and verifying medication records **Who will monitor:** The QP will be responsible for monitoring the medication orders to ensure they are properly signed. **How often will monitoring take place:**This monitoring by the QP will occur on site at least quarterly utilizing the Abound Health AFL Site Monitoring Tool and monthly when MARs are submitted for review using the Abound Health MAR Review Tool	To be completed by 10/27/24.