

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE MOORE HOME-A CARING HANDS SITE	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 OLD CHAPEL HILL ROAD DURHAM, NC 27707
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 15, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE MOORE HOME-A CARING HANDS SITE	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 OLD CHAPEL HILL ROAD DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to have physician's orders affecting two of two clients (#1 and #2). The findings are:</p> <p>Reviews on 10/10/24 and 10/11/24 of client #1's record revealed: -Admission date of 5/9/22. -Diagnoses of Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. -There were no physician's orders for the medications below.</p> <p>Observation on 10/11/24 at approximately 8:40 am client #1's medication bin revealed: The following medications were available for administration- -Clonidine 0.1 milligram (mg) (ADHD) -Invega 6 mg (Schizoaffective Disorder) -Fluoxetine 40 mg (Depression) -Felosul 325 mg (Iron supplement)</p> <p>Reviews on 10/10/24 and 10/11/24 of client #2's record revealed: -Admission date of 10/10/23. -Diagnoses of Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder, Adjustment</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE MOORE HOME-A CARING HANDS SITE	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 OLD CHAPEL HILL ROAD DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 2</p> <p>Disorder and Autistic Disorder. -There were no physician's orders for the medications below.</p> <p>Observation on 10/11/24 at approximately 8:34 am client #2's medication bin revealed: The following medications were available for administration- -Guanfacine 1 mg (ADHD) -Metformin 500 mg (Diabetes) -Valproic Acid 250 mg/5 milliliters (ml), (Bipolar Disorder)</p> <p>Review on 10/11/24 of the October 2024 MAR revealed: -Hydroxyzine 10 mg/5 ml syrup was listed and administered 10/1 thru 10/10.</p> <p>Interviews on 10/10/24 and 10/15/24 with the Executive Director/Qualified Professional revealed: -The AFL providers were responsible for ensuring they got copies of client's physician's orders for the client records they keep at their facility. -The AFL Provider asked the pharmacy for the physician orders. -The pharmacy staff sent the physician's orders to him. -"[The AFL Provider] asked for the medication orders and what I emailed to you (Division of Health Services Regulation) was what the pharmacy gave him."</p>	V 118		