

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/17/2024
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NAME OF PROVIDER OR SUPPLIER MILLER FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 BERSHIRE LANE CHARLOTTE, NC 28262
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(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 and follow up survey was completed on 10/17/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living Alternative Family Living in a Private Residence .</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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 (E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>drug.</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 record review, observation and interview the facility failed to administer medications as prescribed and failed to keep the MARs current affecting 2 of 3 clients (#1, #2) and failed to have physician's order affecting 1 of 3 clients (#3). The findings are:</p> <p>Findings #1 Review on 10/16/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 11/15/04; - Diagnoses Severe Intellectual Disabilities, Hirschsprung's Disease, Epilepsy, Cerebral Palsy, unspecified, Personal History of other Disease of Urinary System, Other Chronic Allergic Conjunctivitis, Unspecified Condition Associated with Female Genital Organs and Menstrual Cycle, Enterocolitis due to Clostridium Difficile not Specified as Recurrent, Acidosis, Aphasia, Raynaud's Syndrome without Gangrene, Other Specified Postprocedural States, Solitary Bone Cyst unspecified Pelvis, Trichotillomania - Physician's order dated 12/26/23 Ondansetron 4 milligram (mg), Take 1 tablet by mouth three times a day as needed for nausea or vomiting; PreviDent 5000 booster plus (toothpaste), apply 1 application topically two times daily; Multivitamin 	V 118		

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V 118	<p>Continued From page 2</p> <p>(supplement), Take 1 daily.</p> <p>Review on 10/15/24 and 10/16/24 of Client #1's MARs for July 2024- October 14, 2024 revealed:</p> <ul style="list-style-type: none"> - Client #1's Ondansetron and Multivitamin were not listed on July and October's MARs; - Client #1's PreviDent 5000 Booster plus was listed on MAR one time instead of two times as prescribed July 2024- October 14, 2024. <p>Observation on 10/15/24 at approximately 3:34pm of Client #1's medication revealed:</p> <ul style="list-style-type: none"> - Bottle of Ondansetron 4mg, Take 1 tablet by mouth three times a day as needed for nausea or vomiting; - Tube of PreviDent 5000 booster plus, apply 1 application topically two times daily; - Bottle of Multivitamin, Take 1 daily. <p>Findings #2</p> <p>Review on 10/16/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date 10/1/18; - Diagnoses Autistic Disorder, Attention Deficit Hyperactivity Disorder, Combined type, Unspecified Bipolar Disorder, Borderline Intellectual Functioning; - Physician's order dated 2/14/24 Hydroxyzine HCL (anxiety) 50mg, Take 1 tablet by mouth three times a day (every morning, noon and bedtime). <p>Review on 10/15/24 and 10/16/24 of Client #2's MARs for July 2024- October 14, 2024 revealed:</p> <ul style="list-style-type: none"> - No documentation of administration of the noon dose of Hydroxyzine HCL 50mg for July and October's MARs. <p>Observation on 10/15/24 at approximately 4:05pm of Client #2's medication revealed:</p> <ul style="list-style-type: none"> - Bottle of Hydroxyzine HCL 50 mg, Take 1 tablet 	V 118		

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V 118	<p>Continued From page 3</p> <p>by mouth three times a day (every morning, noon and bedtime).</p> <p>Findings #3 Review on 10/16/24 of client #3's record revealed: - Admission date 4/25/22; - Diagnoses Intermittent Explosive Disorder, Intellectual Disability, Severe Fibrocystic Breast Disease, Hypercholesterolemia, status Post Hysterectomy, Seizure Disorder, Obesity, History of Anemia, History of Pulmonary Embolism - No physician's order for Probiotic solutions, Take 1 capsule by mouth daily.</p> <p>Review on 10/15/24 and 10/16/24 of Client #3's MARs for July 2024- October 14, 2024 revealed: - Documentation Probiotic solutions, Take 1 capsule by mouth daily was administered daily.</p> <p>Observation on 10/15/24 at approximately 4:52pm of Client #3's medication revealed: - Box of over the counter Probiotic solutions with expiration date April 2025.</p>	V 118		