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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL051-229	B. WING		11/2	1/2024	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PEACE HEALTHCARE INC. 1203 NORTH WALL STREET BENSON, NC 27504							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000				
	An annual survey w deficiency was cited	ras completed on 11/21/24. A					
	category: 10A NCA	sed for the following service C .5600C Supervised Living elopmental Disabilities.					
		sed for 6 and currently has a urvey sample consisted of clients.					
V 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	only be administered order of a person and drugs. (2) Medications shat clients only when at client's physician. (3) Medications, incommendation administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of led to each client must be kept s administered shall be lely after administration. The					

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

TITLE (X6) DATE

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			7. BOILDING.				
		MHL051-229	B. WING		11/2	21/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PEACE HEALTHCARE INC. 1203 NORTH W BENSON, NC 2				TREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 118	(5) Client requests checks shall be recipile followed up by a with a physician.	for medication changes or corded and kept with the MAR appointment or consultation	V 118				
	failed to ensure the of three audited clied. Review on 11/21/24-Admission date of -Diagnoses of Mod Developmental Dis Type II Diabetes	eview and interview the facility MAR was kept current for one ents (#1). The findings are: 4 of client #1's record revealed: 1/22/20					
	readings revealed: -A strip of notebook on both sides, with Interview on 11/21/2-He had been docusugar on that paper-Did have blood sugout for a few monther Had documented to paperDid not write the diblood sugar.	24 staff #1 stated: menting client #1's blood r daily. gar logs to use, but had been					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL051-229	B. WING		11/2	1/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
PEACE HEALTHCARE INC. 1203 NORTH WALL STREET BENSON, NC 27504							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 118	-Had requested bloolicensee but she had licensee but she had Interview on 11/21/2 stated: -Had last reviewed 2024 and his blood documented on his -Not aware of staff; sugar logs, "He had -Will do an inservice documentation of but Interview on 11/21/2 -Was not aware stated documenting client sugar logStaff #1 had not to	od sugar logs from the d not brough any to the home. 24 the Qualified Professional client #1's MAR in August sugar readings were blood sugar log. #1 requesting any new blood I not asked me." with staff #1 today for lood sugar readings.	V 118				

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