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			
			7. BOILBING.					
	MHL032-597		B. WING		01/13/2025			
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
ATHENS	ATHENS PLACE 1921 ATHENS AVENUE DURHAM, NC 27707							
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	2025. A deficiency of this facility is licens	sed for the following service						
	category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.							
		sed for 3 and has a current urvey sample consisted of clients.						
V 118	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: (A) client's name; (B) name, strength, and quantity of the drug;							
	(C) instructions for (D) date and time the	administering the drug; ne drug is administered; and of person administering the						

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

(X6) DATE TITLE

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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	
		MHL032-597	B. WING		01/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ATHENS	PLACE		ENS AVENU NC 27707	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)		
V 118	checks shall be red file followed up by a with a physician.	for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	interview, the facilit current affecting tw and #3). The finding Observation on 1/1 am of client #1's ma	y failed to keep the MARs o of three current clients (#1 gs are: 0/25 at approximately 10:40 edication bin revealed: et of Risperidone 2 milligrams				
	am of client #3's m	0/25 at approximately 11:18 edication bin revealed: et of Amlodipine Besylate 5 mg ire).				
	-Admission date of -Diagnoses of Mild Psychotic Disorder, V Seizure Disorder, V Johnson Syndrome Psychosyndrome.	Intellectual Disability, Impulsive Control Disorder, Visual Impairment, Steven and Organic dated 12/13/24 for Risperidone				
	client #1 revealed:	of the January 2025 MAR for was not listed on the MAR.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		MHL032-597	B. WING		01/1	3/2025	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ATHENS	PLACE		ENS AVENU NC 27707	E			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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)	LD BE	(X5) COMPLETE DATE	
V 118	-Risperidone 2 mg administered on 1/25 Admission date of Diagnoses of Mild Schizoaffective Dis Diabetes Insipidus. Physician's order of Besylate 5 mg, one Review on 1/10/25 client #3 revealed: Amlodipine Besylate Amlodipine Besylate 3 administered on Interview on 1/10/2 Manager revealed: He was responsible the clients #1 and #3 because staff were He did not realize the January 2025 M	was not documented as 1 thru 1/9. of client #3's record revealed: 2/20/24 Intellectual Disability, order and Nephrogenic dated 7/14/24 for Amlodipine tablet in the morning. of the January 2025 MAR for the 5 mg was not listed on the te 5 mg was not documented 1/1 thru 1/9. with the Residential e for adding the medication to nonthly. It did get their medication filling out the count sheets." those medications were not on MARs for clients #1 and #3. MARs were not kept current	V 118				

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