

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER WHITE AFL		STREET ADDRESS, CITY, STATE, ZIP CODE 1452 DUDLEY SHOALS ROAD GRANITE FALLS, NC 28630		
(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 survey was completed on December 18, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	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 (E) name or initials of person administering the drug.	V 118	<i>V118 27G.0209 Medication Reg</i> <i>1) The supervising "Q" for the site will review ComServ, Inc Policy for Med. Administration with the AFL provider.</i> <i>2) The supervising "Q" will review the MAR on a monthly basis for the next 6 months to ensure there are med orders for medications on the MAR.</i>	<i>1/17/25</i> <i>1/17/25 to 7/17/25</i>

Division of Health Service Regulation

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

Barbra Maney

TITLE

Community Service Director

(X6) DATE

1/16/25

Division of Health Service Regulation

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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 record review and interview, the facility failed to ensure that medications were administered on the written order of a physician affecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>Review on 12/16/24 and 12/18/24 of Client #1's record revealed: -Admission Date: 5/9/23. -Diagnoses: Intellectual Disability (IDD), Mild; Asthma w/o complication, Major Depressive Disorder; Recurrent and Allergic Rhinitis. -No physician orders for the following: -Escitalopram 10 milligrams (mg) (depression/anxiety), 1 tablet (tab), every day (QD). -Fluticasone Nasal Spray 50 micrograms (mcg) (allergies), 2 sprays in each nostril daily.</p> <p>Review on 12/16/24 and 12/18/24 of Client #2's record revealed: -Admission Date: 5/9/23. -Diagnoses: IDD, Mild, Allergic Rhinitis, and Attention Deficit Hyperactivity Disorder (ADHD). -No physician orders for the following: -Focalin XR 10mg (attention), 1 tab QD. -Montelukast 10mg tab (asthma), 1 tab QD. -Fluticasone Nasal Spray 50mcg, 2 sprays in</p>	V 118	<p>3) A physician contact form will always be used for medication orders.</p> <p>4) The AFL provider will be instructed by the supervising "Q" are always signed off by the doctor on a Physician Contact Form</p> <p>5) If the Supervising "Q" finds a discrepancy on the MAR, she will contact the AFL provider to ensure that the Physician Contact Form was completed.</p>	<p>1/17/25</p> <p>1/17/25</p> <p>1/17/25 to 7/17/25</p>

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V 118	<p>Continued From page 2</p> <p>each nostril daily. -Cetirizine 10mg (allergies), 1 tab QD. -Levocetirizine 5mg tab (allergies), 1 tab at bedtime (QHS).</p> <p>Review on 12/18/24 of Client #1's MARs dated 10/1/24 to 12/16/24 revealed: -Escitalopram 10mg tab, initialed as administered daily from 10/1/24 to 12/16/24. -Fluticasone 50mcg nasal spray, initialed as administered daily from 10/1/24 to 12/16/24.</p> <p>Review on 12/18/24 of Client #2's MARs dated 10/1/24 to 12/16/24 revealed: -Focalin XR 10mg, 1 tab QD initialed as administered daily from 10/1/24 to 12/16/24. -Montelukast 10mg tab, 1 tab QD initialed as administered daily from 10/1/24 to 12/16/24. -Fluticasone Nasal Spray 50mcg, 2 sprays in each nostril daily, initialed as administered daily from 10/1/24 to 12/16/24. -Cetirizine 10mg, 1 tab QD initialed as administered daily from 10/1/24 to 12/16/24. -Levocetirizine 5mg tab, 1 tab QHS initialed as administered daily from 10/1/24 to 12/16/24.</p> <p>Interview on 12/16/24 with AFL provider revealed: -had pharmacy printouts for medications. -would follow up to get prescription copies of medications.</p> <p>Interview on 12/18/24 with the Qualified Professional revealed: -understood that there needed to be signed physician orders for medications administered.</p>	V 118		