

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER DOWTIN'S THERAPEUTIC HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3912 WILLOW OAK ROAD RALEIGH, NC 27604		
(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 January 16, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living The facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.	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		

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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>(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 have a self administer order for one of one client (#1). The findings are:</p> <p>Review on 1/16/25 of client #1's record revealed: -Admission date of 1/202 -Diagnoses of Depression, Acute Anxiety, Hypertension, Mild Amnesia and Abnormal Gait</p> <p>Review on 1/16/25 of client #1's MAR revealed: -Multiple days for January 1-16 2025 where client signed her intial.</p> <p>Review of physician orders dated 12/5/24 revealed the following medications: -Amlodipine 10 mg- 1 evening -Aspirin 81 mg- 1 day -Hydralazine 50 mg- twice daily -Lisinopril 40 mg- 1 day -Mirtazapine 7.5 mg-1 bedtime -Provastatin 80 mg- 1 day</p> <p>Further review of client #1's record there was no self administer order present.</p> <p>Interview on 1/16/25 the Licensee/Registered Nurse (RN) stated: -Client #1 was living in her independent home for</p>	V 118		

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V 118	Continued From page 2 nine years prior to moving in the facility. -Client #1 had always administered her own medications and signed the MAR. -Client #1's physician was aware of this and had told her she could do so. -Monitors client #1 to make sure she took her medications as directed. -Will have the physician to write a self administer order for client #1.	V 118		