Division di meann pervice Requiation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CURRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: B. WING MHL092-369 01/16/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3912 WILLOW OAK ROAD DOWTIN'S THERAPEUTIC HOME RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 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 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 DHSR-MH Licensure Sect (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 RECEIVED privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of FEB 1 0 2025 all drugs administered to each client must be kept current. Medications administered shall be DHSR-MH Licensure Sect 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. Division of Health Service Regulation

STATE FORM

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

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If continuation sheet 1 of 3

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 | |
|--|--|---|--|---|---|--|
| | | | A. BOILDING. | | | |
| | | MHL092-369 | B. WING | | 01/16/2025 | |
| | | | | STATE, ZIP CODE | | |
| DOWTIN'S THERAPEUTIC HOME 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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | LD BE COMPL | |
| V 118 | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | V 118 | Client #1 was seen by her PC 1-30-2025, Advanced Community Health located | seen by her PCP the mmunity Health Self-der was obtained. be provided as | |
| | Nurse (RN) stated: | the Licensee/Registered in her independent home for | | | | |

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING_ 01/16/2025 MHL092-369 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3912 WILLOW OAK ROAD DOWTIN'S THERAPEUTIC HOME RALEIGH, NC 27604 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 2 V 118 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.

Division of Health Service Regulation





1/30/2025



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To Whom It May Concern,

Patient may administer medication to herself under supervision.

Sincerely,

