

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-985	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2025
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NAME OF PROVIDER OR SUPPLIER TOMMIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 5213 PRONGHORN LANE RALEIGH, NC 27610
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(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
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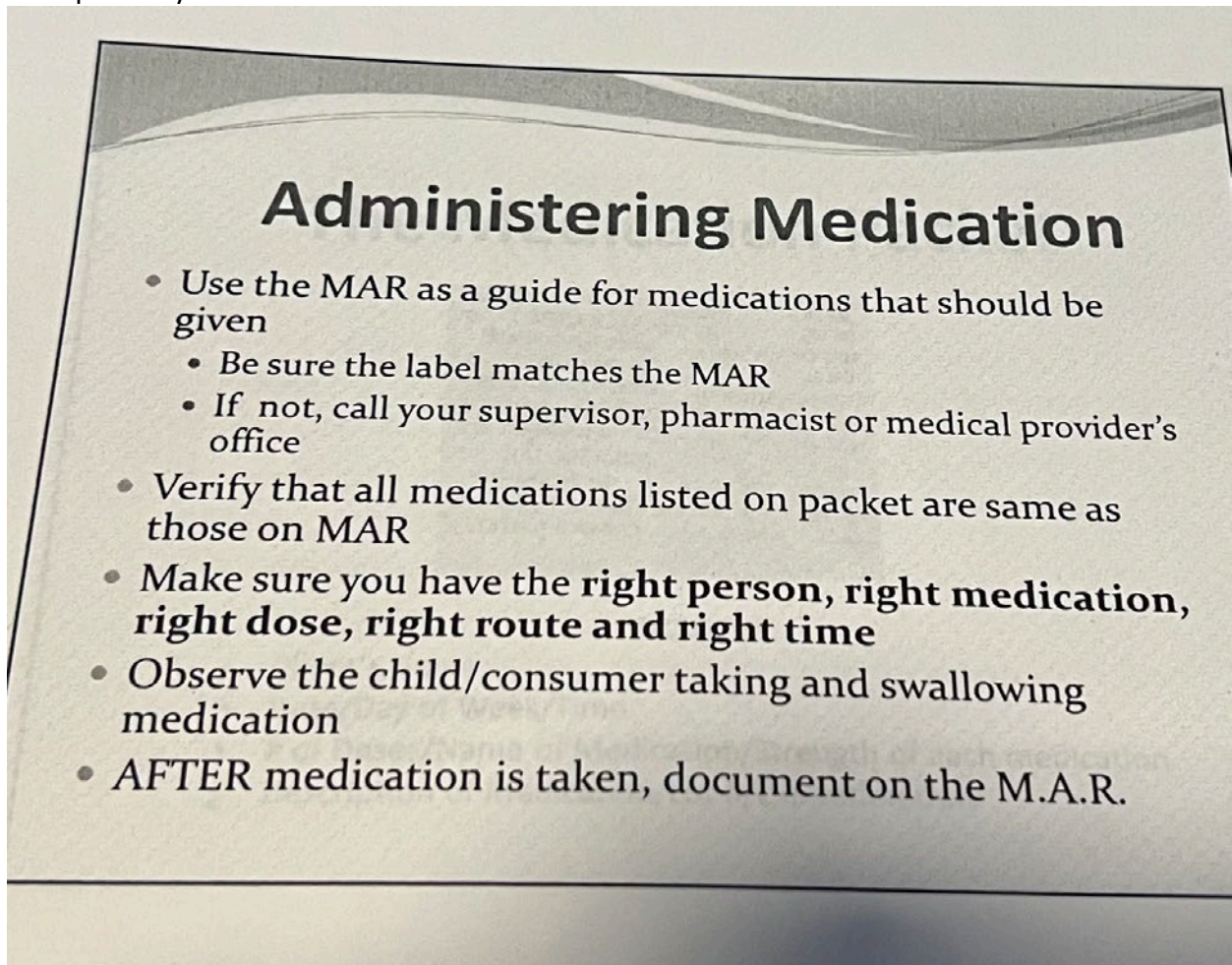
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/27/25. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	Agency Director 2-19-25 (X6) DATE
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Advantage Care plan of Correction
Tommie's Place
5213 Pronghorn Ln

V118 a.

In reference to V118 the staff that should have given the medication in question were identified by the house manager [REDACTED] were reminded and retrained the staff on proper medication administration. Staff 1/28/25 reminded to compare medication to the MAR every time meds are administered to be sure medication in packet are the same as on the MAR. Staff also reminded to report and discrepancies and to use the paper MAR if unable to document in therap for any reason.



All other staff were reminded on 1/28/25 of the same information. The monitoring of medication documentation will be done daily starting 1/27/25 by [REDACTED] (house manager) and

██████████ (Director of Operations). If any discrepancies are noticed the staff will be contacted immediately to resolve any issues that may occur.

V118 b.

Staff were reminded and retrained on 1/28/25 of the process of communicating information doctors' visits. Staff were reminded of documenting on a communication log in the group so that all other staff will be aware of changes to medications. Also, on 1/28/25 all staff that take clients to appointments were reminded to bring hard copies of doctors notes and medication orders to the main office and given to ██████████ so that proper changes can be made within therap. Staff 1/28/25 reminded to compare medication to the MAR every time meds are administered to be sure medication in packet are the same as on the MAR. Staff also reminded to report and discrepancies and to use the paper MAR if unable to document in Therap for any reason. The monitoring of changes of medication orders will be monitored every time a client has an appointment or when notified of a medication change by ██████████ (house manager) and ██████████ (Director of Operations).