STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL-091-119	A. BUILDING: _____ B. WING _____	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER HEALTHCARE, INC #5	440 GUN CLUB ROAD HENDERSON, NC 27537

(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 February 28, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current 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		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep a MAR current and record immediately after administration for 1 of 2 clients (#2). The findings are: Review on 2/27/25 of client #2's record revealed: - admitted 11/7/24 - diagnoses: Intellectual Developmental Disorder, Hypertension, Oppositional Compulsive Disorder, Sleep Apnea, Renal Disease, Seizures and Diabetes - a FL2 dated 11/7/24: Metformin 500mg (milligrams) twice a day (Diabetes) Review on 2/27/25 of client #2's December 2024 MAR revealed: - the Metformin was to be administered at 8am & 8pm - the Metformin was not initialed as administered for the morning dose the entire month of December 2024 During interview on 2/27/25 & 2/28/25 the Licensee reported: - a former staff did not document her initials for the 8am dose in December 2024 - she was not sure "why" - she reviewed the MARs monthly	V 118		

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V 118	Continued From page 2 - the missed staff initials on the December 2024 was an oversight Due to the failure to accurately document medication administration, it could not be determined if the client received the medications as ordered by the physician	V 118		