

Division of Health Service Regulation

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|---|--|---|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL067-192</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____  |                    | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/31/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FAITH THERAPEUTIC SERVICES</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1102 DUCHESS LANE<br/>HUBERT, NC 28539</b>                          |                    |   |
| (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   | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on January 31, 2025. Deficiencies were cited.</p> <p>The facility is licensed for the following service:<br/>10A NCAC 27G .5600F Supervised Living:<br/>Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>  | V 000   | <p style="text-align: center;"><b>RECEIVED</b><br/><b>MAR 6 4 2025</b><br/><b>DHSR-MH Licensure Sect</b></p>    |                    |   |
| V 118   | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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

(X6) DATE

STATE FORM

6899

1XR11

If continuation sheet 1 of 4

*John R. [Signature]* 2/21/25

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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:<br/>Based on record review and interview the facility failed to ensure the medication administration record was current for one of one clients (#1). The findings are:</p> <p>Review on 1/31/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 6/1/15.</li> <li>- Diagnoses of seizure disorder, cerebral palsy (CP), and severe intellectual developmental disability (IDD).</li> </ul> <p>Review on 1/31/25 of client #1's current drug regimen revealed:</p> <ul style="list-style-type: none"> <li>- Levetiracetam 1000 milligrams (mg)(treats seizures) - Twice daily.</li> <li>- Baclofen 25mg (treats CP) - 2 millileters (ml) twice daily and 4ml at night.</li> <li>- Lacosamide 10mg (treats seizures)- Twice daily.</li> <li>- Diazepam Rectal Gel 10mg (treats seizures) - As needed for seizures lasting over 5 minutes.</li> <li>- Cetirizine 1mg (treats allergies) - Once daily.</li> <li>- Polyethylene Glycol (treats constipation)- As needed.</li> </ul> <p>Review on 1/31/25 of facility records revealed no November 2024 MAR for the following medications for client #1:</p> <ul style="list-style-type: none"> <li>- Levetiracetam.</li> </ul> | V 118   | <p>see Attachment<br/>Hiller &amp; Rouse</p>  | 4/1/25             |   |

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| V 118   | Continued From page 2<br><br>- Baclofen.<br>- Diazepam Rectal Gel.<br><br>Interview on 1/31/25 the Licensee stated:<br>- Client #1 had received his medications as ordered.<br>- She may have filed the last page of the November 2024 MAR in the wrong place.<br>- Moving forward, she would ensure that all pages of the MAR were available for review.<br><br>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.  | V 118  | <i>See Attachment<br/>Hel c Room</i>  | 2/1/25  |
| V 736   | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:<br><br>Observation on 1/31/25 at approximately 12:00pm revealed:<br>- Small particles of debris were on the floor throughout the living room, and bathroom #1.<br>- Stains were present on the front of the refrigerator, backsplash, upper and lower cabinets.<br>- Stains were present around the base of the toilet in bathroom #1. | V 736  | <i>see Attachment<br/>Hel c Room</i>  | 3/2/25  |

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| V 736   | Continued From page 3<br><br>- Debris and small particles of food were identified on the floor in the kitchen.<br><br>Interview on 1/31/25 the Licensee stated:<br>- She had been working on getting things straightened up, but she had just fallen behind.<br>- She would address concerns.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 736  | <i>see attachment full chart</i>   | <i>3/2/25</i>            |  |

## Plan of Correction

Faith Therapeutic Services MHL#067-192

Onsite visit 1/31/2025

1. V118

Provider will document all medications given to client as prescribed on a current MAR immediately after administering to client. Provider will keep all current monthly MARs together and filed in a safe and confidential locked file cabinet that is secured by a key that only Provider will have access to. Provider will review all MARs monthly to assure that all MARs are always filed appropriately and remain secure in the facility. To be completed by April 1, 2025

2. V736

Provider will wipe down the refrigerator, back splash, lower and upper cabinets as a spill occurs or as soon as possible to decrease the visual signs of unclean and unkept kitchen area. Provider will monitor these areas daily to maintain a tidy and clean kitchen area. To be completed by March 2, 2025

Provider will sweep and mop all areas of the house especially the living room, kitchen and bathroom on a daily and PRN basis to maintain clean and safe floors. Provider will monitor this by looking around the house closely for any debris or stains that were missed previously during the day. To be completed by March 2, 2025

Provider will clean the bathroom area and especially around the base of the toilet daily and PRN to maintain a clean bathroom for client and others to use during the day. Provider will check regularly these area during the day to maintain a clean and safe area for client and others to use during the day. To be completed by March 2, 2025

AFL Provider (Helen Roush) is responsible for correcting and maintaining the above stated deficiency at 1102 Duchess Lane Hubert NC 29902, licensed as: Faith Therapeutic Services.

*Helen e Roush 2/21/25*