

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED R 05/14/2025 |
| NAME OF PROVIDER OR SUPPLIER WITH A PURPOSE FAMILY CARE #2 - WOODY HOUSE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 863 BLACK HARPER RD KINSTON, NC 28501 | | |
| (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 and follow up survey was completed May 14, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 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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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 reviews and interviews the facility failed to keep the MARs current for 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 05/14/25 of client #2's record revealed: - Admission date of 05/11/23. - Diagnoses of Schizophrenia Paranoid Type, Alcohol Dependence in remission, Mild Intellectual Developmental Disability and High Cholesterol.</p> <p>Review on 05/14/25 of a client #2's physician order dated 05/05/25 revealed Lybalvi (schizophrenia) 5mg for 7 days then 10mg at 8pm.</p> <p>Review on 05/14/25 of client #2's May 2025 MAR revealed: -Lybalvi 10mg was not transcribed on the MAR and no staff initials to indicate the medication had been administered.</p> <p>During interview on 05/13/25 client #2 revealed: -He received his medication everyday in the morning and in the evening. -He had not missed taking any of his medications.</p> | V 118 | | | |

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| V 118 | <p>Continued From page 2</p> <p>During interview on 05/14/25 the Administrator revealed:</p> <ul style="list-style-type: none"> -She and staff #1 were the main staff that worked in the facility. -Lybalvi had just been prescribed to client #2 and she forgot to transcribe the medication on the MAR. -Client #2 had received the medication daily since it had been prescribed on the 5th. <p>Due to the failure to accurately document medication administration it could not be determined if client #2 received his medication as ordered by the physician.</p> | V 118 | | | |