STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-054	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHFAIR #2	13880 FRANCIS STREET GIBSON, NC 28343

(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 May 14, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. 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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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 reviews and interviews the facility failed to administer medications on the written order of a physician for 2 of 3 audited clients (#2, #3). The findings are: Finding #1 Review on 5/13/25 of client #2's record revealed: -Admitted 9/8/11. -Diagnoses of Mild Intellectual Disability, Insomnia, Essential Hypertension and Kidney Disease. Review on 5/14/25 of client #2's signed physician orders dated 12/10/24 revealed: -Triamterene/Hydrochlorothiazide 37.5-25 milligram (mg) daily for hypertension. -Erythromycin Gel 2% twice daily. (Eye) Observation on 5/13/25 at approximately 5pm of client #2's medications revealed: -Triamterene/Hydrochlorothiazide 37.5-25 and Erythromycin Gel 2% was not available onsite. Interview on 5/13/25 of client #2 stated; -He received his medications daily. Finding #2 Review on 5/13/25 of client #3's record revealed:	V 118		

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V 118	Continued From page 2 -Admitted 7/1/11. -Diagnoses of Schizophrenia and Moderate Intellectual Disability. Review on 5/14/25 of client #3's signed physician orders dated 4/16/25 revealed: -Montelukast 10 mg daily. (Allergies) Observation on 5/13/25 at approximately 5pm of client #3's medications revealed: -Montelukast 10 mg daily. Attempted interview on 5/13/25 client #3 did not wish to interview. Interview on 5/13/25 the Group Home Manager stated: -She was unsure where client #2's Triamterene/Hydrochlorothiazide 37.5-25 mg and client #3's Montelukast 10 mg daily were placed. -The clients MARs indicated the medications had been administered. -Client #2's Erythromycin Gel 2% was pending authorization from insurance. Interview on 5/14/25 the Qualified Professional stated: -The nurse reviewed the medications and MARs for each client. -She was unsure about the medications.	V 118		