

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING HICKORY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 CHERRY ROAD WASHINGTON, NC 27889		
(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 June 19, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and has a current census of 5. 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, observation and interviews the facility failed to administer medications on the written order of a physician for 1 of 3 clients (#5). The findings are:</p> <p>Review on 06/19/25 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 09/13/24. - Diagnoses of mild Intellectual Developmental Disability, Panic Disorder and Major Depressive Disorder. - Physician order for self administration of medication on 06/27/14. - Physician order dated 03/27/25 to increase Vitamin D3 (vitamin D deficiency) to 5,000 units from 2,000 units daily. <p>Review on 06/19/25 of client #5's March 2025 thru June 2025 MARs revealed: March 2025</p> <ul style="list-style-type: none"> - Vitamin D3 2,000 discontinued on 06/27/25. - Transcribed entry for Vitamin D3 5,000 units take daily beginning 03/28/25. - Staff initials to indicate Vitamin D3 5,000 units administered daily from 03/28/25 thru 03/31/25. <p>April 1, 2025 thru Jun 19, 2025</p> <ul style="list-style-type: none"> - Staff initials to indicate Vitamin D3 was 	V 118		

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V 118	Continued From page 2 administered daily. Interview on 06/19/25 client #5 stated; - She resided at the facility for 18 years. - She self-administered her own medications. - She was made aware today her Vitamin D3 had been changed from 2,000 units to 5,0000 units. Interview on 06/19/25 the Administrator stated: - Client #5 was had been taking Vitamin D3 2,000 units. - She purchased Vitamin D3 5,000 units for client #5 to begin administration immediately.	V 118		