STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-100	A. BUILDING: _____ B. WING _____	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVONA HOME	206 DALTON LANE BLACK MOUNTAIN, NC 28711

(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 July 18, 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 2 and has a current census of 1. The survey sample consisted of an audit of 1 current client.	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-100	A. BUILDING: _____ B. WING _____	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVONA HOME	206 DALTON LANE BLACK MOUNTAIN, NC 28711

(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 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 observation, record review and interview, the facility failed to ensure the MAR was kept current affecting 1 of 1 client (#1). The findings are: Review on 7/18/25 of Client #1's record revealed: -Date of admission 7/2/19. -Diagnoses of Profound Intellectual Developmental Disability, Cerebral Palsy, Epilepsy with Complex Partial Seizures, Hypothyroidism, and Irritable Bowel Syndrome (IBS). -Physician's orders dated: -3/31/25 - Montelukast (Allergic Rhinitis) 10 milligrams (mg) 1 tablet daily. -5/19/25 - Levothyroxine (Hypothyroidism) 50 micrograms (mcg) - 1 tablet every day. -5/27/25 - Divalproex (Seizure) 125 mcg - 5 capsules 2 times daily. -7/10/25 - Hyoscyamine (IBS) 0.125 mg - 3 tablets 3 times daily. Observation on 7/18/25 at 5:10 p.m. of Client #1's medications included: -Montelukast - 10 mg 1 tablet daily. -Levothyroxine - 50 mcg 1 tablet every day. -Divalproex - 125 mcg 5 capsules 2 times daily. -Hyoscyamine - 0.125 mg - 3 tablets 3 times	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-100	A. BUILDING: _____ B. WING _____	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVONA HOME	206 DALTON LANE BLACK MOUNTAIN, NC 28711

(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 118	Continued From page 2 daily. Review on 7/18/25 of Client #1's MARs from 5/1/25 through 7/17/25 revealed the following dates in June 2025 were blank: -Montelukast - 10 mg 1 tablet daily - 6/25/25 - 6/27/25 and 6/30/25. -Levothyroxine - 50 mcg 1 tablet every day - 6/11/25 - 6/20/25, 6/25/25 - 6/27/25 and 6/30/25. -Divalproex - 125 mcg 5 capsules 2 times daily - 10:00 a.m. - 6/8/25, 6/14/25, 6/15/25, 6/28/25, 6/29/25; 8:00 p.m. - 6/25/25 - 6/27/25 and 6/30/25. -Hyoscyamine - 0.125 mg - 3 tablets 3 times daily - 10:00 a.m. - 6/8/25, 6/14/25, 6/15/25; 2:00 p.m. - 6/8/25, 6/14/25, 6/15/25; 8:00 p.m. - 6/11/25 - 6/20/25, 6/25/25 - 6/27/25 and 6/30/25. Interview on 7/18/25 with the AFL Provider revealed: -The dates on the June 2025 MAR "should not be blank...surprised I didn't catch that." -Denied Client #1 was out of the facility during the blank dates. -The client received her medications even though she did not document this on the MAR. Interview on 7/18/25 with the Qualified Professional revealed: -As part of his duties, he reviewed Client #1's medications and MARs. -Did not realize there were blanks on the June MAR. Due to the failure to accurately document medication administration, it could not be determined if the client received their medications as ordered by the physician.	V 118		