

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/06/2025
NAME OF PROVIDER OR SUPPLIER AMBER'S WAY			STREET ADDRESS, CITY, STATE, ZIP CODE 5747 CROWN TERRACE HICKORY, NC 28601		
(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 on August 6, 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 audits 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			

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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 ensure MARs were kept current for 1 of 1 client (Client#1). The findings are:</p> <p>Review on 8/5/25 and 8/6/25 of Client#1's record revealed: -Date of Admission: 9/15/23. -Diagnoses: Moderate Intellectual Disabilities; Diabetes Mellitus, Type II. -Physician's order dated 5/1/25 for Tresiba Flex Touch 200 units/milliliter (ml) insulin pen. Inject 0.07 ml (14 units total) subcutaneously daily.</p> <p>Observation on 8/5/25 at 1:00 pm of Client #1's medications revealed: -Tresiba Flex Touch 200 units/ml insulin pen dispensed 7/15/25 with labeled instructions to inject 0.07 ml (14 units) subcutaneously daily.</p> <p>Review on 8/5/25 of Client#1's MARs dated 6/1/25-8/5/25 revealed: -Tresiba Flex Touch 200 units/ml insulin was transcribed onto the June, July, and August 2025 MARs with instructions to inject 0.05 ml (10 units) subcutaneously daily. -Tresiba Flex Touch insulin was initialed as being administered at a dosage of 0.05 ml instead of</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>the prescribed 0.07 ml from 6/1/25-8/5/25.</p> <p>Interview on 8/6/25 with Client#1 revealed: -Alternative Family Living (AFL) Provider #2 administered all his medications.</p> <p>Interview on 8/5/25 and 8/6/25 with AFL Provider#1 revealed: -She transcribed medication instructions onto client MARs. -AFL Provider #2 administered the medications and initialed the MARs. -Client#1's Tresiba insulin dose was recently increased from 10 units daily to 14 units daily. -The new dose of Tresiba was not transcribed onto Client#1's MARs because "we (AFL Provider #1 and #2) were waiting on a copy of the order." -The physician's order for the increased dose of Tresiba had been sent electronically to the pharmacy. -"The pharmacy told us to get the order from the doctor." -Have subsequently transitioned to a different pharmacy provider. -She and AFL Provider#2 will collaboratively ensure that Client#1's physician orders, medications and MARs are accurately aligned.</p> <p>Interview on 8/5/25 and 8/6/25 with AFL Provider#2 revealed: -He routinely administered all of Client#1's medications. -AFL Provider#1 usually updated Client#1's MARs with medication instructions. -Client#1's MARs still had the previous instructions to administer 10 units of Tresiba daily. -He administered 14 units of Tresiba to Client#1 daily per the current instructions on the medication label.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-He and AFL Provider#1 would "double check each other" to ensure Client#1's medications, physician's orders and MARs are up to date.</p> <p>- "Next time there's a prescription order change, I'll get a copy from the doctor that day and I won't leave until I have it."</p> <p>Interview on 8/6/25 with the Qualified Professional (QP) revealed:</p> <p>-Unaware Client#1's Tresiba Flex insulin dose had recently been increased by the physician.</p> <p>-Would keep a copy of physician orders from now on to ensure the appropriate changes were updated on the MAR for each client.</p> <p>Interview on 8/6/25 with Quality Management (QM) Manager revealed:</p> <p>-Would review with QP's that all MARs are to be submitted for review monthly.</p> <p>-Planned to implement a process requiring all AFL Providers to submit a summary sheet of clients' physician visits in order to monitor and track any changes to medication orders.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if Client #1 received medications as ordered by the physician.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118		