Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING MHL011-329 08/21/2025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 16 WALNUT HILL DRIVE MCPHERSON HOME FAIRVIEW, NC 28730 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 27G .0209 Medication Requirements V 000 V 000 INITIAL COMMENTS AFL staff attended a retraining of medication requirements by contracted An annual and follow up survey was completed nurse on 8/26/25. on 8/21/25. A deficiency was cited. QP will monitor during monthly supervisions. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability 8/26/25 Groups/Alternative Family Living. The facility is licensed for 3 and has a current census of 3. The survey sample consisted of an audit of 3 current clients. V 118 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 (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 RECEIVED 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: DHSR-MH Licensure Sect (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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(E) name or initials of person administering the

Tolleen Hahn, Executive Director

9/11/25

TITLE

(X6) DATE

PRINTED: 08/25/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL011-329 B. WING 08/21/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 16 WALNUT HILL DRIVE MCPHERSON HOME FAIRVIEW, NC 28730 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 1 V 118 drug. (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 keep the MAR current affecting 1 of 3 clients (#2). The findings are: Review on 8/20/25 of Client #2's record revealed: -Date of admission: 7/2/14 -Diagnoses: Sleep Disorder, Anxiety Disorder, Oppositional Defiant Disorder, Allergic Rhinitis, Mild Intellectual Developmental Disability, Other Conduct Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Cerebral Palsy, Other Pervasive Developmental Disorder. -Physician's orders included: -Concerta (methylphenidate) 36 milligrams (mg) (ADHD) - 2 tablets daily ordered on 5/15/25. -Fluticasone Nasal Spray 50 micrograms (mcg) (allergic rhinitis) - 1 spray daily ordered on 6/6/24. Review on 8/21/25 of MARs 6/1/25-8/20/25 for Client #2 revealed:

6/30/25. (30 doses)

-Concerta and the generic methylphenidate were both documented as administered 6/1/25-

-Fluticasone was not documented as administered 6/1/25-7/31/25 (61 doses)

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING 08/21/2025 MHL011-329 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 16 WALNUT HILL DRIVE MCPHERSON HOME FAIRVIEW, NC 28730 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 2 Interview on 8/21/25 with Client #2 revealed: -" ...take nasal spray, Concerta ... I don't know the other 2 ...I take 5 (tablets/capsules) in the morning and 1 at night." -"Use the nasal spray in the morning unless I have a cold then use it at night too." Interview on 8/21/25 with the Alternative Family Living (AFL) provider revealed: -"These MARs are all jacked up ... I didn't catch it at the time." -"He (Client #2) does his nasal spray every day." -"I always check what he takes ...then I mark it on the MAR ... I know he gets what he's supposed to ...I was probably half asleep when I marked them (MARs)." -"He didn't take it (Concerta/methylphenidate) twice." Interview on 8/21/25 with the Qualified Professional revealed: -"[AFL Provider] is frustrated with the MARs not being printed right." -"I will have to check MARs more closely every month." Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a recited deficiency.

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