		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL034-315	B. WING			R 0 5/2018	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
RIENDL	Y PEOPLE THAT CA	RF 5	DLS ROAD ONS, NC 27012	2			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE	
V 000	INITIAL COMMENTS		V 000				
		ow-Up Survey was completed deficiency was cited.					
	This facility is licensed for the following service category:						
	Adults whose Prima Developmental Dis						
V 118	27G .0209 (C) Med	lication Requirements	V 118				
	10A NCAC 27G .02 REQUIREMENTS						
		inistration: non-prescription drugs shall ed to a client on the written					
	drugs.	uthorized by law to prescribe all be self-administered by					
	clients only when a client's physician.	uthorized in writing by the					
	administered only b unlicensed persons	cluding injections, shall be by licensed persons, or by s trained by a registered nurse	,				
	privileged to prepar (4) A Medication Ac	r legally qualified person and re and administer medications Iministration Record (MAR) of					
	current. Medication	red to each client must be kep is administered shall be ely after administration. The	t				
	MAR is to include the (A) client's name; (B) name, strength.	he following: , and quantity of the drug;					
	(C) instructions for (D) date and time the	administering the drug; he drug is administered; and					
	drug.	of person administering the for medication changes or					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED R 04/05/2018		
		BERTH TOTATION DET.	A. BUILDING:				
		MHL034-315					
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
RIENDL	Y PEOPLE THAT CA	RF 5	OLS ROAD	9			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 118	Continued From page 1		V 118				
		orded and kept with the MAR appointment or consultation					
	Based on interview staff failed to keep Record (MAR) curr	et as evidenced by: and record review, the facility the Medication Administration ent, by recording the edications immediately after ered.					
	revealed he was: - admitted 11-9 - 32 years old - diagnosed wit - Impulse C - Unspecifi - Gastro-Es - Intellectua - ordered by a p - levothyroz one, daily	h: Control Disorder ed Psychosis sophageal Reflux Disease al Disability Disorder, Moderate ohysician on 3-14-18 to take: kine, 50 micrograms (mcg)					
	tablet, daily - pantopraz (delayed-release) 4 - sertraline	e, 5 milligrams (mg) half cole Sodium DR 0 mg. one daily HCL (hydrochloride) 100 mg.					
	twice daily	ne MES (mesylate) 2 mg. one x sodium ER (extended					
	, C	-					
	Review on 4-5-18 c	of client #1 ' s MAR revealed					

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-315		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.				
		MHL034-315	B. WING	B. WING		R 04/05/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	Y PEOPLE THAT CA	RE 5	OLS ROAD			
		CLEMM	ONS, NC 2701	2		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	age 2	V 118			
	his:					
	- levothyroxine	50 mcg				
	- olanzapine 5					
		Sodium DR 40 mg				
	- sertraline HC					
		ted on the MAR as given on				
	4-1-18 or 4-2-18.	1 E 19 of alight #1 's MAD				
	Further review on 4-5-18 of client #1 's MAR revealed his (first of two) morning doses of:					
	- benztropine N					
		dium ER 500 mg				
		nted as given on 4-1-18.				
	facility revealed har responsibilities, to i met. Among these see everything," inc "meds (medication	8 with the Lead Staff #1 for the d various duties and insure the client 's needs were she reported, was to, "over cluding that the client 's, s) were given as they were ven] and review the MARs."				
	Professional (AP) r shifts just missed r MAR." He reported busy with the client fill it out. The AP a situation has been Staff #1 being out of family. The AP sta contact the house I her, they should ca	8 with the Associate revealed the staff, "on those ecording the meds on the d sometimes staff are really ts and it just slips their mind to lso reported the house staffing different lately due to Lead of work due to an illness in her ted going forward, "staff should lead, and if they can ' t reach all me," for any issues such as taff not completing the MARs psed to.				
	(RD) revealed they the clients getting t medications record	3 with the Residential Director were always concerned about he proper care and ded. She stated, "the AP as ' Il make sure we double and	t			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL034-315	B. WING			R 05/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
RIENDL	Y PEOPLE THAT CA		OLS ROAD			
		CLEMMO	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page 3		V 118			
	triple check behind [staff completing the MARs]."					
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					
		,				

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