PRINTED: 04/13/2018 FORM APPROVED

ME OF PROVIDER OR SUPPLIER	MHL090-185	A. BUILDING:			
ME OF PROVIDER OR SUPPLIER	MHL090-185	D MINO			
ME OF PROVIDER OR SUPPLIER		B. WING		04/04/2018	
		ADDRESS, CITY, STATE	, ZIP CODE		
OUTHWOOD PLACE GROUP HO	DME #2	MILTON STREET DE, NC 28112			
REFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 000 INITIAL COMMENTS	INITIAL COMMENTS				
completed on 4/4/18 (#NC00134879) was deficiencies were cite This facility is license category: 10A NCAC	unsubstantiated. No				
V 118 27G .0209 (C) Medic	-	V 118			
only be administered order of a person au drugs. (2) Medications shall clients only when au client's physician.	istration: on-prescription drugs shall to a client on the written thorized by law to prescribe be self-administered by thorized in writing by the				
administered only by unlicensed persons t pharmacist or other I privileged to prepare (4) A Medication Adm all drugs administere current. Medications	ading injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. ninistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following:				
 (B) name, strength, a (C) instructions for a (D) date and time the (E) name or initials o drug. 	and quantity of the drug; dministering the drug; e drug is administered; and f person administering the				
	r medication changes or rded and kept with the MAR				

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED 04/04/2018	
		MHL090-185				
NAME OF PI	ROVIDER OR SUPPLIER	1	ADDRESS, CITY, STATE			
SOUTHWO	OOD PLACE GROUP HO	DME #2	MILTON STREET E, NC 28112			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	DER'S PLAN OF CORRECTION (X5 DRRECTIVE ACTION SHOULD BE COMPI FERENCED TO THE APPROPRIATE DAT DEFICIENCY)	
V 118	Continued From page 1		V 118			
	file followed up by ap with a physician.	opointment or consultation				
	facility failed to ensure administered to each	as evidenced by: iew and interviews, the re a MAR of all drugs n client was kept current, ts (Client #1). The findings				
	- Admission date of 2	re Intellectual Disability				
	revealed: - Clonazepam (take activity) 1mg- order o - Diazepam 20mg Re	Client #1's physician orders 1 tab as needed for seizure dated 2/6/17 ectal (insert 1 suppository or seizures over 5 minutes)-				
	2017-April 2017) rev - clonazepam 1mg w					
	Client #1's medicatio - Clonazepam 1mg (seizure activity) disp - Diazepam 20mg (ir	take 1 tab as needed for				

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 3

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MHL090-185 B. WING O4/04/20 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOUTHWOOD PLACE GROUP HOME #2 309 HAMILTON STREET MONROE, NC 28112 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO	Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED	
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUPPLIER SUPPLIER SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (M) ID SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 2 V118 Continued From page 2 V118 Continued From page 2 V118 Interview on 4/4/18 with Team Leader #1 revealed: - She had been with the company since 2008 and became team leader of the house in 2016. She recently transitioned the home to another team leader in January, but still works in the home as needed and help with team leader duties Her responsibilities included making sure medications were ordered and listed on the MAR - Client #1 hadnt had to use the Diazepam and Clonazepam because he hadnt had any seizures. "I must have ;ooked over it and not realized it wasn't on the MAR." - She will make sure to add the medications to the MAR Interview on 4/4/18 with Team Leader #2 revealed: - She became team leader for the home in January - She did not realize Client #1's prin medications was not on the MAR. Client #1 hadn't had to take the prin medications because he hasn't had any seizures. This deficiency constitutes a re-cited deficiency							
309 HAMILTON STREET MONROE, NC 28112 (X4) ID VAID SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) D D RECULATORY OR LSC IDENTIFYING INFORMATION) D D D D D D D D D D D D D D D D D D D			MHL090-185	B. WING	· · · · · · · · · · · · · · · · · · ·	04/04/2018	
OUTHWOOD PLACE GROUP HOME #2 MONROE, NC 28112 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID (EACH DEFICIENCY)	AME OF PI	ROVIDER OR SUPPLIER			E, ZIP CODE		
(EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) co V 118 Continued From page 2 V 118 Interview on 4/4/18 with Team Leader #1 revealed: - She had been with the company since 2008 and became team leader of the house in 2016. She recently transitioned the home to another team leader in January, but still works in the home as needed and help with team leader duties. - Her responsibilities included making sure medications were ordered and listed on the MAR - Client #1 hadnt had to use the Diazepam and Clonazepam because he hadnt had any seizures. "I must have jooked over it and not realized it wasn't on the MAR." - She will make sure to add the medications to the MAR Interview on 4/4/18 with Team Leader #2 revealed: - She became team leader for the home in January - She did not realize Client #1 sprn medications was not on the MAR. Client #1 hadn't had to take the prim medications because he hasn't had any seizures. Interview on 4/4/18 with Team Leader #2 revealed: - She became team leader for the home in January - She did not realize Client #1 sprn medications was not on the MAR. Client #1 hadn't had to take the prim medications because he hasn't had any seizures. Interview on the MAR. Client #1 hadn't had to take the prim medications because he hasn't had any seizures. Interview on the MAR. Client #1 hadn't had to take the prim medications because he hasn't had any seizures. Interview on the MAR. Interview on the MAR.	OUTHWO	OOD PLACE GROUP H	OME #2				
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		revealed: - She had been with became team leader recently transitioned leader in January, by needed and help wit - Her responsibilities medications were or - Client #1 hadnt had Clonazepam becaus "I must have ;ooked wasn't on the MAR." - She will make sure the MAR Interview on 4/4/18 yrevealed: - She became team January - She did not realize was not on the MAR the prn medications seizures. This deficiency const	The company since 2008 and r of the house in 2016. She I the home to another team ut still works in the home as the team leader duties. Is included making sure redered and listed on the MAR d to use the Diazepam and se he hadnt had any seizures. over it and not realized it the to add the medications to with Team Leader #2 leader for the home in the Client #1's prn medications the client #1 hadn't had to take because he hasn't had any stitutes a re-cited deficiency				

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