Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R B. WING MHL040-021 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 EAST MAIN STREET EDWARDS GROUP HOME #2** HOOKERTON, NC 28538 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on February 27, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. V 118 27G .0209 (C) Medication Requirements V 118 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 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. (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.

Division of Health Service Regulation

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

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(X6) DATE

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If continuation sheet 1 of 7

Division of	of Health Service Regu	ulation	2		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-021			(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	408 EAS	ADDRESS, CITY, ST ST MAIN STREE RTON, NC 2853	Т	
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V 118	facility failed to admin ordered by the physicurrent/accurate MAI immediately after adminded clients (#2, # Finding #1 Review on 2/27/18 or -26 year old male ad -Diagnoses included paranoid type, bipolar hyperactive disorder developmental disorder developmental disorder developmental disorder developmental disorder developmental disorder dated 11/29/1300 mg, 1 tablet in the Medications were scat 8 am and 8 pm. Nodoses had been admin -Order dated 1/24/18 (milligram) twice dail administered at 8 am documentation the 8 administered on 1/31 caused by medication-Order dated 1/2/27/18	as evidenced by: ews and interviews, the hister medications as cian, and maintain a R with medications recorded ministration, affecting 3 of 3 3 and #5). The findings are: If client #2's record revealed: mitted 11/26/17. Schizoaffective disorder ar disorder, attention deficit (ADHD), mild intellectual der, and enuresis. If client #2's medication ary and February 2018 MARs If or Lithium Carbonate ER the morning and 2 at bedtime. The morning and 2 at bedtime. The duled to be administered to documentation the 8 am ministered on 1/1/18, 1/2/18, No documentation the 8 pm mistered on 1/31/18. If or Benztropine 1 mg y (BID), scheduled to be and 8 pm. No pm dose had been l/18. (Involuntary movements	V 118	Stay was retrained and medication alministration were administration we a something with and monthly to enternally.	stration 3/15/18 Of exation rekly then sure a this

am, 2 pm, and 8 pm. No documentation the 8

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-021		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 02/27/2018	
		B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
EDWARD	S GROUP HOME #2		T MAIN STREET			
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V 118	Continued From page	e 2	V 118			
				V 118		

Division of Health Service Regulation

disease) Take 1 tablet by mouth twice daily. -Chlorpromazine 200mg(used to treat psychotic disorders) Take 1 tablet by mouth twice daily. -Divalproex Sod Dr 500mg(used to treat manic

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL040-021	B. WNG			R / 27/2018
	OVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE		
EDWARDS	GROUP HOME #2	HOOKE	RTON, NC 28538			
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	-Quetiapine Fumarate bipolar disorder) Take morning and 2 tablets Review on 02/27/18 of MAR revealed the fol -Benzotropine-01/31/-Chlorpromazine-01/3-Divalproex-01/31/18 -Quetiapine Fumarate Interview on 02/27/18 his medication daily. Finding #3 -Review on 02/27/18 revealed: -23 year old maleAdmission date of 12-Diagnoses of Schizo Type, Hypertension, Tobacco Use Disorder. Review on 02/27/18 orders dated 12/23/1'-Amlodipine Besylate blood pressure) Take -Chlorpromazine 100 disorders) Take 1 table and take 2 tablets at -Clozapine 200mg(us schizophrenia) Take dayDocusate Sodium 10 prevent constipation) twice dailyLithium ER 450mg(us constitution)	lets by mouth at bedtime. 200mg(used to treat 2 1 tablet by mouth in the 3 at bedtime. of client #3's January 2018 lowing blanks: 18. 31/18. 3-01/31/18. 3 client #3 stated he received of client #5's record 2/23/17. affective Disorder, Bipolar Cannabis Use Disorder, ar, Sedative-Hypnotic Use of client #5's physician 7 revealed: 10mg(used to treat high 1 tablet by mouth everyday. mg(used to treat psychotic et by mouth in the morning bedtime. led to treat severe 1 tablet by mouth twice a	V 118			

Division of Health Service Regulation

H98J11

Division o	of Health Service Reg	ulation			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		MHL040-021	B. WING		R 02/27/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
EDWARDS	GROUP HOME #2		T MAIN STREET RTON, NC 28538		
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V 118	MAR revealed the for-Amlodipine Besylate -Chlorpromazine 10 8pmClozapine-01/31/18 -Docusate Sodium-0-Lithium-01/31/18 at Interview on 02/27/18 in medication daily Interview on 2/27/18 -He failed to docume medications and clie on 1/31/18Client #2's MARs dam dosing time for L8 am dosing time to which resulted in a few doses for 2/1/18 - 2/1-He was sure all the medicationsIt was an over site of the service of the ser	of client #5's January 2018 collowing blanks: e-01/31/18. comg-01/31/18 at 8am and design and 8pm. collowing blanks: e-01/31/18 at 8am and design and 8pm. des	V 118		
	medication administ	ration it could not be received their medications			
V 774	EQUIPMENT (d) Indoor space rec	nimum Furnishings 04 FACILITY DESIGN AND quirements: Facilities licensed 988 shall satisfy the minimum	V 774	Six bedside table gralered and one was placed in ea	table ch roon

square footage requirements in effect at that

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During interview on 02/27/18, the Licensee stated she had other furniture ordered for each of the rooms but the builder of the facility changed the plans unknown to her and made the bedrooms a lot smaller than planned. She had to cancel that furniture order and the beds with the drawers

H98J11

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Division of Health Service Regulation