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 MHL040-026 02/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD **EDWARDS GROUP HOME #3** STANTONSBURG, NC 27883 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and a follow up survey was completed on February 23, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Stay icus retrained on 3715/ Medication alministration Guide twes. The GP Will Moniter medication Administration weekly X I monite and then Monthly to ensure Compliance with this Mule. 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.

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

STATE FORM

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(X6) DATE

If continuation sheet 1 of 6

PRINTED: 03/06/2018 FORM APPROVED 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 MHL040-026 02/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD **EDWARDS GROUP HOME #3** STANTONSBURG, NC 27883 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to administer medications as ordered by the physician and maintain a current MAR for 3 of 3 clients (#1, #2, and #3.) The findings are: Finding #1: Review on 02/21/18 of client #1's record revealed: - 55 year old male - Date of admission 09/08/06 - Diagnoses of Alcohol abuse, schizophreniaparanoid type, asthma, hypothermia. pychogeniapolysia, tinea pedis, constipation, hemorrhoids, hypokalemia. Review on 02/21/18 of a signed FL-2 for client #1 dated 09/01/17 revealed the following medication order: - Aspirin Enteric Coated (EC) 81 milligrams (mg) (prevents heart attacks), take one tablet at 2 PM. Review on 02/21/18 at 11:00 AM of client #1's February 2018 MAR revealed his 2 PM dose of Aspirin EC 81 mg. for that day had been signed

as given.

prescribed.

Finding #2:

Interview on 02/21/18 with client #1 revealed: - He named some of the medications he was

- He took the medications that the staff gave him.

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STATEMENT OF DEFICIENCIES (X1) PROV

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		TE SURVEY	
		MHL040-026	B. WING		R 02/23/2018		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EDWAR	DS GROUP HOME #3		PLE TREE RO NSBURG, NC			×	
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V 118	Review on 02/21/1 revealed: - 64 year old male - Date of admissio - Diagnoses of Sci Type, Hypertensio Review on 02/21/1 dated 09/01/17 revealed: - Lorazepam (treatablet three times of the Review on 02/21/1 rebruary 2018 MA Lorazepam 1mg. figiven. Interview on 02/21/1 He named some received his medical revealed: - 36 year old male - Date of admissio - Diagnoses of Sci Type; Hypertensio Review on 02/21/1 dated 10/21/17 revorders: - Thorazine (treat 100 mg, 1 tablet the times tablet three times)	In - 06/10/12. hizo-Affective Disorder Bipolar n and Hyperthyroidism. Is of client #2's signed FL-2 wealed: t anxiety disorders) 1 mg, 1 daily (8 am, 2 pm, 8 pm). Is at 11:00 AM of client #2's AR revealed his 2 PM dose of for that day had been signed as /18 with client #2 revealed: of his medications and he cations every day.	V 118	DETICITION)			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883 [XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 3 disorder) 10 mg, 1 tablet at bedtime Review on 02/21/18 at 11:00 AM of client #3's February 2018 MAR revealed: -The 2 PM dose of Thorazine 100 mg and Lorazepam 1mg for that day had been signed as givenThe 02/12/18 with client #3 revealed he took medications, but he did not remember what they were. Interview on 02/23/18 with staff #3 revealed: - He had received medication administration training He said that medications were always available at facility. Interview on 02/23/18 with the Group Home Manager revealed: - He had received medication administration training There had been no problems with the clients' medications being available at the facility. Interview on 02/21/18 and 02/23/18 with the Qualified Professional/Licensee revealed: - She provided medication administration training There had been no problems with the Qualified Professional/Licensee revealed: - She provided medication administration training.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 3 disorder) 10 mg, 1 tablet at bedtime Review on 02/21/18 at 11:00 AM of client #3's February 2018 MAR revealed: - The 2 PM dose of Thorazine 100 mg and Lorazepam 1mg for that day had been signed as given. - The 02/20/18 Zyprexa 10 mg bedtime dose had not been signed by staff as given Interview on 02/21/18 with client #3 revealed he took medications, but he did not remember what they were. Interview on 02/23/18 with staff #3 revealed: - He had received medication administration training He said that medications were always available at facility. Interview on 02/23/18 with the Group Home Manager revealed: - He had received medication administration training There had been no problems with the clients' medications being available at the facility. Interview on 02/21/18 and 02/23/18 with the Qualified Professional/Licensee revealed: - She provided medication administration training - She provided medication administration training			1233 APF	PLE TREE RO	AD		
disorder) 10 mg, 1 tablet at bedtime Review on 02/21/18 at 11:00 AM of client #3's February 2018 MAR revealed: -The 2 PM dose of Thorazine 100 mg and Lorazepam 1mg for that day had been signed as givenThe 02/20/18 Zyprexa 10 mg bedtime dose had not been signed by staff as given Interview on 02/21/18 with client #3 revealed he took medications, but he did not remember what they were. Interview on 02/23/18 with staff #3 revealed: - He had received medication administration training He said that medications were always available at facility. Interview on 02/23/18 with the Group Home Manager revealed: - He had received medication administration training There had been no problems with the clients' medications being available at the facility. Interview on 02/21/18 and 02/23/18 with the Qualified Professional/Licensee revealed: - She provided medication administration training	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
for the facility. - When shown February 2018 MAR issues, she understood and would discuss the documentation with the staff because they should not be signing the MAR as given ahead of scheduled medication times. Due to the failure to accurately document medication administration, it could not be	V 118	disorder) 10 mg, 1 Review on 02/21/1 February 2018 MA -The 2 PM dose or Lorazepam 1mg for givenThe 02/20/18 Zyp not been signed by Interview on 02/21/1 took medications, If they were. Interview on 02/23/2 - He had received training He said that mediat facility. Interview on 02/23/2 Manager revealed: - He had received training There had been remedications being Interview on 02/21/2 Qualified Profession - She provided medion the facility When shown Februnderstood and wowith the staff becaute the MAR as given medication times. Due to the failure to	tablet at bedtime 8 at 11:00 AM of client #3's R revealed: f Thorazine 100 mg and or that day had been signed as prexa 10 mg bedtime dose had a staff as given 718 with client #3 revealed he out he did not remember what the did not be signing ahead of scheduled to accurately document to a constant of the did not be signing ahead of scheduled to accurately document the did not be signing ahead of scheduled the did not be signing ahead of scheduled the did not be signing ahead of scheduled the did not be signing and the did not be signing ahead of scheduled the did not be signing ahead of scheduled the did not be signing ahead of scheduled the did not be signing and the did not be signing ahead of scheduled the did not be signing and all the did not be signing ahead of scheduled the did not be signing and all the did not be signing ahead of scheduled the did not be signing and all the did not be signing				

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AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHL040-026			R 02/23/2018		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
EDWARD	S GROUP HOME #3		LE TREE RO ISBURG, NC		*		
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V 118	o o minus out i o m po	age 4 ered by the physician.	V 118				
V 736		ity and Grounds Maintenance	V 736		,		
	EXTERIOR REQU (c) Each facility and maintained in a safe						
	Based on observat failed to maintain to	et as evidenced by: tion and interview, the licensee the facility in a clean, attractive er. The findings are:					
	approximately 10:3 - The smoke detection bedroom emitted a every 35 seconds, needed Several cobwebs	in the facility on 02/21/18 at 80 am revealed: stor near kitchen area and a chirping sound approximately indicating a battery was in the kitchen and dining room					
	approximately 3 inc - Clothes were line "air-dry" according - Multiple flies were area and througho - A strong foul odo bedrooms was pre - An electric recept plate cover The couch in livin missing from the s	d on the outside fence to to staff report. e present in the dining room ut the facility. r in the hallway of the clients' esent. tacle in the living room had no					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026		A. BUILDING:			(3) DATE SURVEY COMPLETED R 02/23/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
EDWAR	EDWARDS GROUP HOME #3 1233 APPLE TREE ROAD STANTONSBURG, NC 27883							
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V 736	thickly dust covered Interview on 02/23/	d. 18 the Qualified	V 736					
	and an exterminator - She had also rece	sional to take care of the yards						
		been cited four times since March 11, 2015, and must be days.						
					#**			

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