STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-140	B. WING		04/1	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILLOW	MANOR			BOULEVARD		
			LLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	An annual survey w 2018. A deficiency v	ras completed on April 19, was cited.				
		sed for the following service C 27G .1700 Residential cure for Children or				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered all drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug.  (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of led to each client must be kept s administered shall be ely after administration. The				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL074-140	B. WING		04/	19/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
WILLOW	MANOR		GREENVILLE ILLE, NC 278	BOULEVARD 858			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	facility failed to admordered by the physical accurate MAR affect (clients #1, #2). The Finding #1: Review on 4/19/18 -15 year old male a -Diagnoses include disruptive mood dysenzodiazepine usidisorder, and post to (PTSD)Orders dated 3/19/-Clonidine 0.2 m (Attention Deficit Hysical Children; high blood -Melatonin 3 mg -Quetiapine 100 disorders)	views and interviews, the ninister medications as sician and maintain an eting 2 of 3 clients audited a findings are:  of client #2's record revealed: dmitted 3/26/18. d conduct disorder, rule out sregulation disorder, e disorder, marijuana use traumatic stress disorder  /18 as follows:  ng (milligrams), 1 at 6pm syperactive Disorder (ADHD) in					
	April 2018 MARs re- -Medications sched 6pm (Clonidine, Me been documented a had been reviewed -Fluoxetine 40 mg l the March 2018 MA	of client #2's March 2018 and evealed: luled to be administered at elatonin, and Quetiapine) had as given on 4/19/18. (MARs between 3 pm and 4 pm.) had not been transcribed to AR. No documentation ad been administered in					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS		(X3) DATE SURVEY COMPLETED
A. BUILDING:		
MHL074-140 B. WING		04/19/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE,	ZIP CODE	
WILLOW MANOR 1419 SE GREENVILLE BOU GREENVILLE, NC 27858	ILEVARD	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG C	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
V 118 Continued From page 2 V 118		
Telephone interview on 4/19/18 with pharmacy staff revealed: -All of client #2's prescriptions, to include Fluoxetine 40 mg daily, were received electronically in the pharmacy on 3/29/18,She could not explain why Fluoxetine order had not printed on the MARsThe March MAR would have been printed by the pharmacy on 3/29/18 (medications documented starting 3/26/18).  Finding #2: Review on 4/19/18 of client #1's record revealed: -13 year old male admitted 5/11/17Diagnoses included Dysregulation, ADHD Combined, oppositional defiant disorder, PTSDOrder dated 2/23/18 for Chlorpheniramine 4 mg, 1 tablet every 6 hours as needed (PRN) for allergies.		
Review on 4/19/18 of client #1's January, February, and April 2018 MARs revealed: -Chlorpheniramine 4 mg was documented as administered dailyNo times were documented when the medication had been administered.  Observations 4/19/18 at 4:15pm of client #1's medications on hand revealed: -1 Bubble pack labeled "Chlorpheniramine 4 mg" with 5 tablets remainingDispense date read, 2/23/18.  Interview on 4/19/18, staff #16 stated client #1 requested his allergy medicine		
(Chlorpheniramine) every night and that was when he administered the medication.  Interview on 4/19/18 the Qualified Professional		

Division of Health Service Regulation

STATE FORM 56899 5F3V11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
	MHL074-140	B. WING		04/1	9/2018	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
WILLOW MANOR		REENVILLE LLE, NC 278	E BOULEVARD 858			
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 118 Continued From pa (QP) stated:						
-It was possible the 2018 MAR for client that documented FI administered. If the from the pharmacy, written MAR. Once the pharmacy, the sedocumentation from pharmacy provided -He speculated clien not been administed dosing time on 4/19 Staff #16, who was knowing he would be medications at 6 pn -He spoke with staff #2's medications of 4/19/18 at 6 pm had and had not been a -PRN medications of they were dispense facility.  -QP could not explain the medication daily Due to the failure to medication adminis	ere was no MAR available staff would make a hand the MARs were received from staff would copy their in the hand written MARs to the MARs. In #2's 6 pm medications had red ahead of the scheduled 1/18, but were pre-signed. In on duty, may have pre-signed the staff to administer the interest of the staff to administer the interest of the staff to administered in the duled to be administered in the were not routinely dispensed; in how client #1 could have 5 in my tablets on hand from a 2/23/18 if he had been given as documented on the MAR. In accurately document tration it could not be a received their medications					

6899

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