	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
IAME OF PF	ROVIDER OR SUPPLIER	MHL020-082	ADDRESS, CITY, STATE		04	/13/2018
	RHOUSE		OKEFORD ROAD	,		
	K HOUSE	MURPH	Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey was completed on 4/13/18. Deficiencies were cited.					
	category: 10A NCAC	ed for the following service C 27G .5600C Supervised of all Disability Groups.				
V 114	27G .0207 Emergene	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that	7 EMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted t simulate fire emergencies. have basic first aid supplies				
	failed to conduct disa shift. The findings an	ew and interview the facility aster drills quarterly on each				
	revealed: -No documentation o	f a B drill which was the ednesday 8am-Friday 4pm				
	Interview on 4/12/18	with Client #1 revealed:				

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					04/13/2018	
		MHL020-082	B. WING	<u> </u>		
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
THE RIVE	R HOUSE		DKEFORD ROAD Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 114	Continued From pag	e 1	V 114			
		ed tornado drills. I was conduct the process room and cover your head.				
	revealed:	with the Operations Manager ur shifts, designated as A, B				
	and C.	e requirement to do drills on				
	-The staff failed to pe	erform the drill as required.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	10A NCAC 27G .020	9 MEDICATION				
	REQUIREMENTS	istration:				
	(c) Medication admin	on-prescription drugs shall				
		to a client on the written				
		thorized by law to prescribe				
	-	be self-administered by				
		thorized in writing by the				
	(3) Medications, inclu	uding injections, shall be licensed persons, or by				
		rained by a registered nurse,				
	pharmacist or other I	egally qualified person and				
		and administer medications.				
		ninistration Record (MAR) of				
	•	d to each client must be kept				
		administered shall be				
	MAR is to include the	y after administration. The				
	(A) client's name;	s tonowing.				
		and quantity of the drug;				
		dministering the drug;				
		e drug is administered; and				
	(E) name or initials o	f person administering the				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL020-082	B. WING		04/13/201	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
HE RIVE	R HOUSE		OKEFORD ROAD Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
	Continued From page 2 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.		V 118			
	failed to maintain the prescription drugs we	as evidenced by: and record review the facility MAR current and ensure ere administered as ordered 1 of 3 sampled clients (#3).				
	Client #3 revealed: -Admission date of 3 Moderate Intellectua Disorder, Unspecifie Control Disorder, Bo Rhinitis and Gastro e	nd 4/13/18 of the record for /27/18 with diagnoses of I Disability, Major Depressive d Schizophrenia, Impulse rderline Diabetes, Allergic esophageal Reflux Disease. ed 3/28/18 for Flonase nostril daily.				
	2018 MAR revealed:	ed Flonase 50mcg 1 spray				
	-She received her modoctor.	with Client #3 revealed: edications as directed by the of any missed medication.				
	Operations Manager	and 4/13/18 with the revealed: rder was an oversight and				

STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY		
		MHL020-082	B. WING		04	/13/2018		
NAME OF P	E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 284 SMOKEFORD ROAD							
THE RIVE	RHOUSE		DKEFORD ROAD Y, NC 28906					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET		
V 118	Continued From page	e 3	V 118					
	daily on 3/28/18. -He initially thought th	anged on the MAR to start ne order for Flonase daily il 4/1/18 and the MAR was						
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133					
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any pro developmental disabi services that is licens Chapter. (b) Requirement An provider licensed und applicant to fill a posi applicant to have an conditioned on conse criminal history recor the applicant has bee less than five years, f is conditioned on conse criminal history recor national criminal histor include a check of the the applicant has bee five years or more, th on consent to a State check of the applicant employ an applicant criminal history recor section. Except as ot subsection, within five the conditional offer of	EMPLOYMENT. ed in this section, the term an area authority/county vider of mental health, ility, and substance abuse sable under Article 2 of this n offer of employment by a						

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL020-082	B. WING		04/13/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RIVE	RHOUSE		OKEFORD ROAD Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
V 133	Continued From page	e 4	V 133			
	criminal history record section or shall submentity to conduct a St check required by this G.S. 114-19.10, the D return the results of mention covered by Public Lar Department of Health Criminal Records Cheb business days of record history of the person, and Human Services Unit, shall notify the p information received of the applicant. In non national criminal histor with the provider. Pro- upon request verificat check has been comp by this section. A courd appropriate local ordit the Division of Crimin may conduct on behat criminal history record section without the pri- request to the Depart case, the county shall criminal history record section within five bus conditional offer of er All criminal history inf provider is confidentiat except to the applicant (c) of this section. Fo subsection, the term business regularly en	a and Human Services, eck Unit. Within five eipt of the national criminal the Department of Health , Criminal Records Check provider as to whether the may affect the employability o case shall the results of the pry record check be shared widers shall make available tion that a criminal history oleted on any staff covered inty that has adopted an nance and has access to hal Information data bank alf of a provider a State d check required by this rovider having to submit a ment of Justice. In such a I commence with the State d check required by this siness days of the mployment by the provider. formation received by the al and may not be disclosed, nt as provided in subsection r purposes of this "private entity" means a				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			B. WING			
				1/13/2018		
NAME OF P	ROVIDER OR SUPPLIER		OKEFORD ROAD	, ZIP CODE		
THE RIVE	RHOUSE		Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 5	V 133			
	record check reveals a relevant offense, th of the following factor hire the applicant: (1) The level and seri (2) The date of the cr (3) The age of the pe conviction. (4) The circumstance commission of the cri (5) The nexus betwee the person and the jo filled. (6) The prison, jail, pr rehabilitation, and em person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to e listed factors shall be If the provider disqua consideration of the r provider may disclose the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a provider complies with this sec civil liability for: (1) The failure of the individual on the basi the criminal history re (2) Failure to check a	licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to ousness of the crime. ime. rson at the time of the s surrounding the me, if known. en the criminal conduct of b duties of the position to be robation, parole, nployment records of the e the crime was committed. commission by the person of of a relevant offense alone employment; however, the considered by the provider. lifies an applicant after elevant factors, then the e information contained in ecord check that is relevant , but may not provide a copy				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			A. DOLDING.							
	MHL020-082 B. WING			04	/13/2018					
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 284 SMOKEFORD ROAD										
	E RIVER HOUSE MURPHY, NC 28906									
		ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	FION SHOULD BE	(X5) COMPLETE DATE				
IAG	REGULATORT OR	LSC IDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC						
V 133	Continued From page	e 6	V 133							
	history record check	is requested and received in								
	compliance with this	section.								
		As used in this section,								
		eans a county, state, or								
		ry of conviction or pending								
	indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to									
	have responsibility for the safety and well-being of persons needing mental health, developmental									
	disabilities, or substance abuse services. These									
	crimes include the criminal offenses set forth in									
	any of the following Articles of Chapter 14 of the									
	General Statutes: Article 5, Counterfeiting and									
	ssuing Monetary Substitutes; Article 5A,									
	Endangering Executive and Legislative Officers;									
		Article 7A, Rape and Other								
	Sex Offenses; Article	8, Assaults; Article 10,								
	Kidnapping and Abdu	uction; Article 13, Malicious								
	Injury or Damage by	Use of Explosive or								
	-	Material; Article 14, Burglary								
		akings; Article 15, Arson and								
	•	le 16, Larceny; Article 17,								
	•	Embezzlement; Article 19,								
	False Pretenses and	, , ,								
		r Services by False or								
		edit Device or Other Means;								
		Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article								
	26, Offenses Against									
	•	, Adult Establishments;								
		n; Article 28, Perjury; Article								
		1, Misconduct in Public								
		enses Against the Public								
		Riots and Civil Disorders;								
		of Minors; Article 40,								
		nily; Article 59, Public								
		cle 60, Computer-Related								
		also include possession or								
	sale of drugs in viola					1				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
	ROVIDER OR SUPPLIER	MHL020-082	ADDRESS, CITY, STATE,		04/13/2018	
			OKEFORD ROAD			
	RHOUSE	MURPH	Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 7	V 133			
	90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recor shall be guilty of a CI (g) Conditional Employ employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after t conditional employme 2001-155, s. 1; 2004	of G.S. 20-138.1 through ning False Information Any nent who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins				
	failed to submit the re record check to inclu five business days af	as evidenced by: ew and interview the facility equest for a criminal history de fingerprints no later than ter the individual begins ent for 1 of 3 sampled staff				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL020-082	B. WING		04	4/13/2018
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HE RIVE	R HOUSE		OKEFORD ROAD Y, NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pag	e 8	V 133			
	Staff #1 revealed: -Hire date of 4/3/17. -Staff #1 had lived in years. -The criminal backgr the submission of fin Interview on 4/13/18 Director revealed: -She was not sure w submitted for Staff # -She was not providi background requiren hired. -She was aware of th	with the Human Resources hy the fingerprints were not 1. ng oversight for the nents when Staff #1 was ne requirement for nnel who was a resident of				