

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/18/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 DOGWOOD LANE</b> <b>SNOW HILL, NC 28580</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on May 18, 2018. The complaint was unsubstantiated ( Intake #NC0013870.) A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure refrigerated medications were kept in a locked compartment or container. The</p>	V 120		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/18/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 DOGWOOD LANE</b> <b>SNOW HILL, NC 28580</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 120	<p>Continued From page 1</p> <p>findings are:</p> <p>Observation on 05/18/18 at approximately 11:45 am of the facility refrigerator which contained food items revealed:</p> <ul style="list-style-type: none"> <li>- Eye drops labeled to be administered to Client #2 was stored in the door of the refrigerator.</li> </ul> <p>Interview on 5/18/18 the Facility Medication Staff stated:</p> <ul style="list-style-type: none"> <li>- She was not aware the medications needed to be in a locked container.</li> </ul> <p>Interview on 5/18/18 the Facility Maintenance Supervisor stated:</p> <ul style="list-style-type: none"> <li>- He would ensure follow up for the locked container.</li> </ul> <p>Interview on 5/18/18 the Facility Residential Services Director stated:</p> <ul style="list-style-type: none"> <li>- A locked container had been obtained 05/18/18.</li> <li>- Follow up with the facility staff will be made.</li> </ul>	V 120		