Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: __ COMPLETED MHL043-100 B. WING 05/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3560 BUNNLEVEL ERWIN ROAD FREEDOM CARE SERVCIES, LLC #4 **ERWIN, NC 28339** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRFFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS Cicensel and professional 1/14/18 www.asswethertdisester 1/14/18 V 000 An annual survey was completed on May 17, 2018. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27 G .5600C Supervised Living for Adults with Developmental Disabilities. toassure professionals are completing the dells guiting. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct disaster drills under conditions that simulate emergencies. The findings are: Review on 5/17/18 of facility records revealed: -There were no disaster drills conducted for 2017/2018. Interview with client #1 on 5/17/18 revealed: -Staff had done several fire drills with them. Division of Health Service Regulation

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

(X6) DATE

f continuation sheet 1 of 6

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AND PLAN OF CORRECTION IDENTIFICATION NOMBE		NOMBER.	A. BUILDING:				
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V 114	Continued From page 1			V 114			
	-He did not recall staff ever doing a disaster drill.						
	Interview with client #2 on 5/17/18 revealed: -Staff had never conducted a disaster drill with them.						
	Interview with client #3 on 5/17/18 revealed: -He was admitted to the home in October 2017Staff had never done any type of disaster drill with them.						
156	Interview with staff #1 on 5/17/18 revealed: -They did several fire drills with the clientsStaff had never conducted disaster drills with the clientsShe was not aware staff were supposed to conduct disaster drillsShe confirmed staff failed to conduct disaster drills under conditions that simulate emergencies.						
	Interview with the Licensee/Qualified Professional on 5/17/18 revealed: -It just recently came to her attention that staff were not conducting disaster drillsShe had talked to staff in the past about doing fire and disaster drillsShe confirmed staff failed to conduct disaster drills under conditions that simulate emergencies.						
V 118	27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm	209 MEDICATION		V 118	Licensel and prof while assure there no blank spaces!	essinal e are	S 7/14/18
	Prescription or roughly be administered order of a person a drugs. Medications shall	ed to a client on the authorized by law to	e written o prescribe		MILLI CASSURE THEN NO blank spaces! The mar when n has been admined Uicensee will rec	street frain	

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED MHL043-100 B. WING 05/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3560 BUNNLEVEL ERWIN ROAD FREEDOM CARE SERVCIES, LLC #4 **ERWIN, NC 28339** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 118 Continued From page 2 V 118 clients only when authorized in writing by the MAR correctly. Licensee well dube client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, Check the MARS Weekly to assure professionals 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 are IN compliance. 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 drua. (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MAR current affecting one of three clients (#1). The findings are: Review on 5/16/18 of client #3's record revealed: -Admission date of 10/5/17. -Diagnosis of Schizophrenia. -Physician's order dated 5/7/18 for Clozapine 100 mg, one tablet in the morning, Benzoyl Peroxide 5% wash, use for showers and Vitamin D 50,000 IU, one capsule once a week on Fridays. -The May 2018 MAR had blank boxes for

FORM APPROVED Ditision 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: MHL043-100 B. WING 05/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3560 BUNNLEVEL ERWIN ROAD FREEDOM CARE SERVCIES, LLC #4 **ERWIN. NC 28339** SUMMARY STATEMENT OF DEFICIENCIES 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 TAG DEFICIENCY) V 118 Continued From page 3 V 118 Clozapine 100 mg on 5/10 PM and 5/13 PM. Staff were documenting daily that the Vitamin D 50,000 IU was administered. -The April 2018 MAR had blank boxes for Benzoyl Peroxide 5% wash on 4/23 through 4/25. Staff documented on 4/1 through 4/8 that the Vitamin D 50,000 IU was administered. -The March 2018 MAR had the following: Staff were documenting daily that the Vitamin D 50,000 IU was administered. Interview with the Licensee/Qualified Professional on 5/16/18 revealed: -She thought staff possibly forgot to document that medications were being administered. -There were no issues with clients getting their prescribed medications. -Staff did document the Vitamin D daily, however client #3 only get that medication once a week. -The pharmacy would only send four Vitamin D pills a month. -She confirmed facility staff failed to keep the Licensel Will assure 7/16/18

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orphysician. MAR current for client #3. V 121 27G .0209 (F) Medication Requirements V 121 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that

the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with

PRINTED: 05/25/2018 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 A. BUILDING: ___ COMPLETED B. WING MHL043-100 05/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3560 BUNNLEVEL ERWIN ROAD FREEDOM CARE SERVCIES, LLC #4 **ERWIN. NC 28339** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 121 Continued From page 4 V 121 corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for two of three clients (#2 and #3) who received psychotropic drugs. The findings are: a. Review on 5/16/18 of client #2's record revealed: -Admission date of 10/5/17. -Diagnoses of Schizophrenia-Paranoid Type. Major Depression Disorder, Hypertension, Chronic Obstructive Pulmonary Disease and Renal Insufficiency. -Physician's order dated 3/22/18 for Risperidone 3 mg, two tablets at bedtime and Trazodone 50 mg, one tablet as needed for sleep. -Physician's order dated 11/2/17 for Lithium Carbonate 300 mg, one capsule two times daily. -The May 2018 MAR revealed client #2 was administered the Trazodone 50 mg on 5/11 through 5/15. Client #2 was administered the Risperidone 3 mg and Lithium Carbonate 300 mg on 5/1 through 5/15. -There was no evidence of a six months psychotropic drug review for client #2. b. Review on 5/16/18 of client #3's record revealed: -Admission date of 10/5/17.

-Diagnosis of Schizophrenia.

-Physician's order dated 5/7/18 for Clozapine 25 mg, one tablet in the morning; Clozapine 100 mg, one tablet in the morning and two tablets at bedtime; Lithium Carbonate 300 mg, three capsules at bedtime and Trazodone 100 mg, two

PRINTED: 05/25/2018 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: ___ B. WING MHL043-100 05/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3560 BUNNLEVEL ERWIN ROAD FREEDOM CARE SERVCIES, LLC #4 **ERWIN. NC 28339** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 121 Continued From page 5 V 121 tablets at bedtime. -The May 2018 MAR revealed client #3 was administered the above medication daily. -There was no evidence of a six months psychotropic drug review for client #3. Interview with the Licensee/Qualified Professional on 5/17/18 revealed: -She was not aware a drug review was required for clients who took psychotropic medications. -She confirmed the six months psychotropic drug review for clients' #2 and #3 were not completed.

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