STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL020-006	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILL GROUP HOME	82 BOYD STREET ANDREWS, NC 28901

(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	INITIAL COMMENTS An annual survey was completed on 6/26/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals for all Disabilty Groups.	V 000		
V 121	27G .0209 (F) Medication Requirements 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 corrective action, if applicable. This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6 months for 1 of 3 sampled clients (#3). The findings are: Observation on 6/25/18 at 9:25am of the medications for Client #3 included: -Invega 6 mg 1 tablet daily. -Fluoxetine 20mg 1 tablet daily.	V 121		

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V 121	Continued From page 1 Review on 6/25/18 of the record for Client #3 revealed: -Admission date of 5/28/15 with diagnoses of Mild Intellectual Developmental Disability, Anxiety Disorder, Seizure Disorder, Stephen Johnson's Syndrome, Vitamin D Deficiency and Allergic Rhinitis. -No documentation of a drug regimen review. Interview on 6/26/18 with the Qualified Professional (QP) revealed: -The facility was doing a medication review once each year. -He was not aware they were required every 6 months. -The QP would ensure the medication reviews for clients who received psychotropic medications were completed every 6 months.	V 121		