STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-037	A. BUILDING: _____ B. WING _____	07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW 66 STOREHOUSE, INC	603 WEST BOULEVARD LAURINBURG, NC 28352

(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 July 5, 2018. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, 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 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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-037	A. BUILDING: _____ B. WING _____	07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW 66 STOREHOUSE, INC	603 WEST BOULEVARD LAURINBURG, NC 28352

(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 118	Continued From page 1	V 118		

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility failed keep the MARs current affecting two of three clients (#1 and #3). The findings are:

Finding #1:
Review on 07/05/18 of client #1's record revealed:
- 53 year old male.
- Admission date of 04/01/16.
- Diagnoses of Moderate Mental Retardation, Schizophrenia-Psychosis, Diabetes Type 2 and Aggressive Personality.

Review on 07/05/18 of client #1's medication orders revealed:
06/19/18
- Perphenazine (antipsychotic) 8 milligrams (mg) - take 3 tablets at bedtime.

05/03/18
- Metformin (treats Diabetes) 500mg - take once daily.

04/04/18
- Divalproex (treats seizures) 500mg - one tablet twice daily.
- Ketoconazole (treats fungus) 2% - apply twice daily to toes.
- Lovastatin (lowers cholesterol) 40mg - take once daily.

11/14/17
- Trihexyphenidyl (treats tremors) 2mg - take 2 &

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-037	A. BUILDING: _____ B. WING _____	07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW 66 STOREHOUSE, INC	603 WEST BOULEVARD LAURINBURG, NC 28352

(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 118	Continued From page 2 1/2 tablets twice daily. Review on 07/05/18 of client #1's June 2018 MAR revealed the following blanks: - Perphenazine 06/30/18 at 8pm. - Divalproex - 06/30/18 at 8pm. - Ketoconazole - 06/30/18. - Trihexyphenidyl - 06/30/18. - Metformin - 06/30/18. Interview on 07/05/18 client #1 stated he received his medication daily as ordered. Finding #2: Review on 07/05/18 of client #3's record revealed: - 32 year old male. - Admission date of 03/13/08. - Diagnoses of Severe Mental Retardation, Intermittent Explosive Disorder and Hypertension. A. Review on 0705/18 of client #3's medication orders revealed: 06/05/18 - Haloperidol (antipsychotic) 5mg - take 2 and 1/2 tablets at 6:30am, 1 tablet at 2pm and 3 and 1/2 tablets at 8pm. - Lorazepam (teats anxiety) 2mg - take one tablet three times a day. - Amiztia (treats constipation) 24 micrograms - take once capsule twice daily. 05/09/18 - Hydroxyzine (treats anxiety) 75mg - take at 5pm. - Hydroxyzine 50mg - take one at 8pm 04/04/18 - Latuda (antipsychotic) 20mg - take 1 tablet at 6:30am, 2 tablets at 9am and 1 tablet at noon.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-037	A. BUILDING: _____ B. WING _____	07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW 66 STOREHOUSE, INC	603 WEST BOULEVARD LAURINBURG, NC 28352

(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 118	Continued From page 3 - Benztropine (treats tremors) 1mg - take once daily. - Divalproex 500mg - take 2 tablets daily. 12/14/17 - Atorvastatin (treats cholesterol) 40mg - once daily. Review on 07/05/18 of client #3's May 2018, June 2018 and July 2018 MARs revealed the following blanks: July 2018 - Latuda - 07/02/18 thru 07/04/18 at 12pm. - Haloperidol 07/02/18 thru 07/04/18 at 2pm. June 2018 - Latuda - 06/01/18 at 12pm, 06/04/18-06/08/18 at 9am and 12pm, 06/11/18 at 12pm, 06/12/18 thru 06/15/18 at 9am and 12pm, 06/25/18 thru 06/29/18 at 9am and 12pm and 06/30/18 at 6:30am. - Haloperidol - 06/04/18-06/08/18 at 2pm, 06/12/18 thru 06/15/18 at 2pm, 06/25/18 thru 06/29/18 at 2pm and 06/30/18 at 6:30am. - Lorazepam - 06/29/18 at 5pm and 8pm and 06/30/18 at 6:30am, 5pm and 8pm. - Benztropine - 06/29/18 and 06/30/18. - Divalproex - 06/29/18 and 06/30/18 - Atorvastatin - 06/29/18 and 06/30/18. - Hydroxyzine - 06/29/18 and 06/30/18 at 5pm and 8pm. - Amitiza - 06/29/18 and 06/30/18 at 5pm. May 2018 - Latuda - 05/14/18 at 9am ans 12pm, 05/16/18 at 9am, 05/21/18 thru 05/25/18 at 9am and 12pm and 05/29/18 thru 05/31/18 at 9am and 12pm. - Haloperidol - 05/14/18 at 2pm, 05/16/18 at 2pm, 05/18/18 at 2pm, 05/21/18 thru 05/25/18 at 2pm and 05/29/18 thru 05/31/18 at 2pm.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-037	A. BUILDING: _____ B. WING _____	07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW 66 STOREHOUSE, INC	603 WEST BOULEVARD LAURINBURG, NC 28352

(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 118	Continued From page 4 B. Review on 07/05/18 of client #3's physician orders revealed no prescription for Miralax powder (stool softner). Review on 07/05/18 of client #3's May 2018 thru July 2018 MARs revealed no transcribed entry for Miralax powder. Observation on 07/05/18 at approximately 11:10am of client #3's medications revealed a bottle of Miralax powder with directions to administer daily. Client #3 was unavaible to participate in interview secondary to a diagnosis of Severe Mental Retardation. Interview on 07/05/18 the Mental Health Director stated: - Client #3 received medications at the day program and staff had not placed the appropriate code on the MARs. - Clients received their medications as ordered. - Staff had probably forgotten to initial the MARs correctly. - She would review the medication issues identified with the staff. - She would follow up with client #3's physician regarding the Mialax. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		