STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-021	A. BUILDING: _____ B. WING _____	R 07/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FISHER ROAD GROUP HOME	120 FISHER ROAD BREVARD, NC 28712

(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 and follow up survey was completed on 7/17/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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V 119	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to dispose of expired medications in a manner that guards against accidental ingestion. The findings are: Observation on 7/16/18 at 3:45pm of the medications for Client #1 included: -Mucinex ER 600mg 1 tablet every 12 hours as needed, expired 5/30/18. -Antihistamine/Diphenhydramine 25mg use as directed, as needed, expired 3/2018. Review on 7/17/18 of the record for Client #1 revealed: -Admission date of 3/1/99 with diagnoses of Moderate Intellectual Developmental Disability, Hypothyroidism and Depression. Review of the MAR for May, June and July 2018 for Client #1 revealed: -Mucinex 600mg administered on 6/23/18. -No documentation of the Antihistamine/Diphenhydramine administration. Interview on 7/17/18 with the Qualified Professional/Coordinator revealed: -The medications were reviewed monthly by the manager and the coordinator. -The Qualified Professional checked the medications in June. -The expired medications for Client #1 must have been missed during the last review. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 119		