Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-942	B. WING		07/1	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AROVE	& BEYOND CARE, LL	C 2724 BLO	SSOM ROAI	ס		
ABOVE	& BLIOND CARE, EL	HOPE MIL	LS, NC 283	48		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	000 INITIAL COMMENTS		V 000			
	2018. A deficiency This facility is licens category: 10A NCA	ras completed on July 19, was cited. sed for the following service AC 27G .5600C Supervised h Developmental Disabilities.				
V 116	27G .0209 (A) Med	ication Requirements	V 116			
	written order of a phase licensed to prescrib (2) Dispensing shall pharmacists, physic practitioners author with the North Caro permit to operate a nurse or other design physician or other has dispensing so long and its contents are approved by the audispensing. (3) Methadone For supplied to a client service in a properly registered nurse en pursuant to the required statement of the purpose of the purpose of contents of the purpose of contents and obtimized to provide the purpose of contents and provide the purpose of t	ensing: ill be dispensed only on the hysician or other practitioner				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL026-942	B. WING		07/	19/2018
PROVIDER OR SUPPLIER	C 2724 BLO	SSOM ROA	D		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETE DATE
locked supply of pre Samples shall be di	escription drug samples. ispensed, packaged, and	V 116			
Based on interview failed to assure that was restricted to pe	and record review, the facility t dispensing of medications rsons authorized by law to do				
-22 year old male a -Diagnoses include Developmental Disa	dmitted 9/15/17. d Mild Intellectual ability, Schizoaffective				
Administration Recomedications were a -Claritin 10 mg (mill (allergies) -Multivitamin daily a -Abilify 2 mg, 4 table (anti-psychotic drug -Quetiapine Fumara (anti-psychotic drug -Passion Flower 25 supplement) -Lamictal 100 mg, 3 and 9 pm (anticonv -Lithium ER 300 mg (bipolar disorder)	ord revealed the following dministered: igrams) daily at 7 am at 7 am (supplement) ets daily at 7 am ate 100 mg daily at 7 am on mg daily at 7 am (herbal) on the thick twice daily at 7 am and 9 pm on the thick twice daily at 7 am and 9 pm				
	PROVIDER OR SUPPLIER 8. BEYOND CARE, LL SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa locked supply of pre Samples shall be di labeled in accordant Rule. This Rule is not me Based on interview failed to assure that was restricted to pe so, affecting 1 of 3 a findings are: Review on 7/19/18 -22 year old male a -Diagnoses include Developmental Disa disorder, and Bipola Review on 7/19/18 Administration Reco medications were a -Claritin 10 mg (mill (allergies) -Multivitamin daily a -Abilify 2 mg, 4 table (anti-psychotic drug -Quetiapine Fumara (anti-psychotic drug -Passion Flower 25 supplement) -Lamictal 100 mg, 3 and 9 pm (anticonv -Lithium ER 300 mg (bipolar disorder) -Quetiapine Fumara pm	MHL026-942 PROVIDER OR SUPPLIER STREET AD BEYOND CARE, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so, affecting 1 of 3 audited clients (#1). The findings are: Review on 7/19/18 of client #1's record revealed: -22 year old male admitted 9/15/17Diagnoses included Mild Intellectual Developmental Disability, Schizoaffective disorder, and Bipolar disorder. Review on 7/19/18 of Client #1's Medication Administration Record revealed the following medications were administered: -Claritin 10 mg (milligrams) daily at 7 am (allergies) -Multivitamin daily at 7 am (supplement) -Abilify 2 mg, 4 tablets daily at 7 am (anti-psychotic drug) -Quetiapine Fumarate 100 mg daily at 7 am (anti-psychotic drug) -Passion Flower 250 mg daily at 7 am (herbal supplement) -Lamictal 100 mg, 3 tablets twice daily at 7 am and 9 pm (anticonvulsant) -Lithium ER 300 mg twice daily at 7 am and 9 pm (bipolar disorder) -Quetiapine Fumarate 25 mg 2 tablets daily at 9 pm	MHL026-942 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S BEYOND CARE, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. 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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL026-942	B. WING		07/	19/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 116	pm -Zonisamide 25 mg (anti-convulsant) Observations at 1:1 -1 multi-compartme with client #1's med -Tablets were group dosing times and for Interview on 7/19/18 stated: -She pre-poured cli -Client #1 had been but he was not allow -She had been pre- his admission in Se -The medication pla medications, would he went on home vi	3 pm on 7/19/18 revealed: ent medication planner filled lications. bed in compartments per or 7 days. 8 the Group Home Manager ent #1's medications weekly. In doing this prior to admission, wed to do this in the facility. In pouring his medications since eptember 2017. In anner, pre-filled with his be sent with client #1 when	V 116				

6899

Division of Health Service Regulation STATE FORM

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