STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL074-242 B. WING			08/0	≷ 8/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
PARADIGM III		PACTOLUS			
PREFIX (EACH DEFICIENCY N	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 000 INITIAL COMMENTS	6	V 000			
on August 8, 2018. [ This facility is license category: 10A NCAC	C 27G .5600C Supervised				
10A NCAC 27G .020 REQUIREMENTS (c) Medication admin (1) Prescription or no only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons t pharmacist or other I privileged to prepare (4) A Medication Adm all drugs administere current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for au (D) date and time the	<ul> <li>(c) Medication administration:</li> <li>(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.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</li> <li>(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.</li> <li>(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:</li> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the</li> </ul>				

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

TITLE (X6) DATE

DIVISION	of Health Service Re	guiation			r	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					R	
		MHL074-242	B. WING			8/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10.000	TO VIDER OR OUT FIELD		PACTOLUS			
PARADIO	SM III		LLE, NC 27			
(VA) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI ICIENCI )		
V 118	Continued From pa	ge 1	V 118			
		_				
	This Rule is not me	et as evidenced by:				
		views, observations, and				
	interviews, the facili	ty failed to ensure				
		dministered as ordered by the				
	physician and MARs were accurate affecting 2 of					
	•	ients #1 and #2). The findings				
	are:					
	Finding #1:					
	Review on 7/26/18 and 8/1/18 of client #1's					
	record revealed:					
	-32 year old male admitted 11/18/14.					
		d mild intellectual disabilities,				
		ve disorder, mood disorder,				
	and diabetes.					
		/17, 5/18/18, 6/1/18, 6/13/18,				
		nin HCL (hydrochloride) 1,000				
	mg (milligrams) twic					
	-Order dated 5/18/1					
	•	aminophen 5/325, 1 tablet eeded for pain. Ten (10)				
		d and no refills. (Pain)				
		8 for Clindamycin 150 mg, 1				
		until gone, for dental infection.				
	Twelve (12) capsule					
	, , ,					
		and 8/1/18 of client #1's MARs				
	for May, June, and					
		s scheduled and documented				
		8 am and 8 pm daily from				
	5/1/18 - 7/31/18.	ominophon E/22E was				
		aminophen 5/325 was				
		May 2018 MAR with scheduled m, 6 pm, and 8 pm. Doses				
		as administered from 8 pm on				

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	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R	
MHL074-242		B. WING		08/08/2018	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PARADIGM III		PACTOLUS LLE, NC 278			
PREFIX (EACH DEFICIENCY MUST	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
-Hydrocodone/Acetamino every 6 hours as needed transcribed on the June 2 MARsThe first dose of Clindam documented on Monday, days after the antibiotic wordered Friday, 6/15/18.)  Observations of client #1' at 12:22 pm on 8/2/18 rev Metformin 1,000 mg read meals.  Finding #2: Review on 7/26/18 and 8 record revealed: -34 year old male admitteded admitteded by the seizure disorder, hyperter reflux disease, depression features, allergic rhinitis, leventricular peritoneal shuden of the seizure disorder of the seizure of the seizur	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  118 Continued From page 2 5/18/18 through 8 pm on 5/22/18Hydrocodone/Acetaminophen 5/325 1 tablet every 6 hours as needed for pain continued to be transcribed on the June 2018 and July 2018 MARsThe first dose of Clindamycin 150 mg was documented on Monday, 6/18/18 at 12 pm, 3 days after the antibiotic was ordered. (Medication ordered Friday, 6/15/18.)  Observations of client #1's medications on hand at 12:22 pm on 8/2/18 revealed the label for Metformin 1,000 mg read to be administered with meals.  Finding #2: Review on 7/26/18 and 8/1/18 of client #2's record revealed: -34 year old male admitted 10/1/12Diagnoses included moderate intellectual disabilities, cerebral palsy, spastic quadriplegia, seizure disorder, hypertension, gastroesophageal reflux disease, depression with psychotic features, allergic rhinitis, hydrocephalus with ventricular peritoneal shunt, and osteoporosisOrder dated 6/4/18 for Losartan Potassium 25 mg daily. (Hypertension)  Review on 7/26/18 and 8/1/18 of client #2's June 2018 MAR revealed: -Losartan Potassium 25 mg daily scheduled to be administered at 8 am dailyNo documentation Losartan Potassium 25 mg had been administered on 6/27/18, 6/29/18, or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL074-242		B. WING		R 08/08/2018		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PARADIO	GM III		PACTOLUS LLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	Monday 6/18/18She had not noticed the blanks on the June 2018 MAR for client #2's Losartan. It was possible staff had given the medication, but failed to sign the MAR.  Due to the failure to accurately document					
	medication adminis	tration it could not be s received their medications				
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.					
		on and interview, the facility in a safe, clean, attractive				
	1:25 pm revealed: -Hall bathroom miss -Client #1's room: If covering by the clie -Flooring outside of -Flooring separated area.	client #3's room chipped. at joints in common living				
	particle build up visi Stopper in sink cou	sing floor tile by vent; dust ble on the baseboards. d not be raised, making a of water from the basin.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL074-242		B. WING			R <b>08/08/2018</b>	
NAME OF	PROVIDER OR SUPPLIER	4003 OLD	DRESS, CITY, S PACTOLUS LLE, NC 278		·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETE DATE	
V 736	-Client #2's room: sentering room; door cracked and missin Rusted floor vent in bathroom vanity.  Interview on 8/1/18 stated: -Client #1 probably his bedClient #2 damaged wheelchair got "cau	Split in wooden door facing racing inside the bathroom g part of the wooden frame. side bathroom. No doors on the Group Home Manager damaged his floor by pulling I the door facings when his ight" on the facings.	V 736				
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas of exposed to hot water shall be main degrees Fahrenheit  This Rule is not me Based on observation water temperatures 100-116 degrees Facilients were exposed are:		V 752				

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STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
MHL074-242		B. WING		08/0	8/2018
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PARADIGM III		PACTOLUS LLE, NC 278			
PREFIX (EACH DEFICIENCY MU	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X COMP	
FahrenheitHall bathroom water to degrees Fahrenheit in Fahrenheit in the tub.  Interview on 8/1/18 the stated: -He was not aware the too lowThe facility had 2 sepone He would follow up to temperature was adjusted.	temperature read 96 degrees temperature read 92 the sink and 96 degrees the Group Home Manager water temperatures were parate hot water heaters.	V 752			

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