STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 200	E CONSTRUCTION		E SURVEY PLETED
					R
	mhl047-091	B. WING	The same of the sa	08/	09/2018
NAME OF PROVIDEROR SUPPLI	ER STREET A	DDRESS, CITY,	STATE, ZIP CODE		
NEW HODIZON ODGUD HO	497 NOF	RTHWOODS D	RIVE		
NEW HORIZON GROUP HO	RAEFOF	RD, NC 28376			
PREFIX (EACH DEFICIE!	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 000 INITIAL COMME	NTS	V 000			
on 8/9/18. Defici	ollow up survey was completed encies were cited.		RECEIVED By DHSR - Mental Health Lic. & Cert. Section	at 11:54 am, Aug 27, 2018	
category: 10A N	CAC 27G .1700 Residential Secure for Children or				C
V 118 27G .0209 (C) N	ledication Requirements	V 118			
REQUIREMENT (c) Medication a (1) Prescription only be adminis order of a perso					
clients only whe client's physicial (3) Medications, administered on unlicensed persupharmacist or or	shall be self-administered by n authorized in writing by the n. including injections, shall be ly by licensed persons, or by ons trained by a registered nurse her legally qualified person and pare and administer medications.				
(4) A Medication all drugs adminicurrent. Medicate recorded immed MAR is to including (A) client's name (B) name, strength	Administration Record (MAR) of stered to each client must be kep ions administered shall be liately after administration. The e the following:	f			
(D) date and tim (E) name or initi drug. (5) Client reque checks shall be file followed up	e the drug is administered; and als of person administering the sts for medication changes or recorded and kept with the MAR by appointment or consultation		WLE		(X6) DATE

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 08/09/2018 B. WING mhl047-091 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDEROR SUPPLIER 497 NORTHWOODS DRIVE NEW HORIZON GROUP HOME, LLC RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORYORLSCIDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 Continued From page 1 V118 with a physician. -Clinical Director completed supervision with the Group Home Manager related to the following: documenting review of the MARs, documenting review of the expiration dates of all OTC medications, retrain staff related to the specific MAR This Rule is not met as evidenced by: issues and expired medications 8-17-18 Based on observation, record reviews and (See copy of the supervision minutes) interviews, the facility failed to keep the MAR current affecting three of three clients (#1, #2 and #3). The findings are: -All staff will be re-trained by the nursing No later staff regarding MAR issues and the proper than 8-31a. Review on 8/9/18 of client #1's record handling of expired OTC medications 18 revealed: -Admission date of 1/26/18. -All MARs will be reviewed daily by the -Diagnoses of Bipolar II Disorder, Post Traumatic Group Home Manager. The review will 8-25-18 Stress Disorder, Attention Deficit Hyperactivity also confirm the medications in the box Disorder and Disruptive Mood Dysregulation and with the MAR and the daily review will be Disorder. ongoing documented. -Physician's order dated 8/3/18 for Vyvanse 50 mg, one capsule every morning Monday through (See copy of the Review Documentation Friday; Vyvanse 40 mg, one capsule on Saturday Form) and Sunday; Aripiprazole 5 mg, one tablet in the morning and Trazodone 50 mg, one tablet at -At least monthly, the nursing staff will bedtime. complete a review of the MARs. 8-31-18 -The August 2018 MAR had the following error: medications evident in the medication box, Vyvanse 40 mg was not listed. and and expiration dates on all OTC -The July 2018 MAR had the following errors: ongoing medications. Aripiprazole 5 mg and Trazodone 50 mg had blank spaces on 7/28 through 7/31. Vyvanse 40 mg had staff's initials on 7/4, 7/5, 7/11, 7/12, 7/14 through 7/22. Vyvanse 40 mg order was for medication to be given on weekends only. -The June 2018 MAR had the following errors: Vyvanse 40 mg had staff's initials on 6/1 through 6/6, 6/9, 6/10, 6/16, 6/17, 6/24, 6/26 and 6/29. Vyvanse 40 mg order was for medication to be given on weekends only. Observation on 8/9/18 at 2:00 PM of the

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMP	PLETED
				· · · · · · · · · · · · · · · · · · ·	F	.
		mhl047-091	B. WING			9/2018
NAME OF I	PROVIDEROR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	211/19-1-1-	354
NEW HO	RIZON GROUP HOMI	497 NOR	THWOODS D	PRIVE		
14244 110	KIZON GROUP HOWI	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYINGINFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 118	Continued From pa	age 2	V 118			
20 27 20.25						
	medication area rev					
	-Vyvanse 40 mg wa	as in client #1's medication box				
		listed on the August 2018				
	MAR.					10
	h Davidson - 0/0/4	0 (10)				
	revealed:	8 of client #2's record	1			
	-Admission date of	12/20/17	1			
		ntion Deficit Hyperactivity				
	Disorder, Opposition	onal Defiant Disorder, Fetal				
	Alcohol Spectrum [Disorder, Cyclothymia and				
	Peanut Allergy.					
	-Physician's order of	dated 8/3/18 for				
		0 mg, one tablet in the				
	morning.	=				
	-Physician's order of	dated 7/6/18 for			1	
	in the morning Vita	0 mg, one and one half tablets amin D3 1000 units, three				
		ing and Lithium Carbonate 300				
	mg, two tablets at t	pedtime				
		dated 6/1/18 for Risperidone				
	0.5 mg, one tablet	daily.				
		dated 5/4/18 for Clonidine 0.1				
	mg, one tablet at be					
	dated 8/3/18.	der for Vitamin D3 1000 units				
	TO SEE STATE OF THE PARTY OF TH	der for Methylphenidate 10 mg				
	dated 8/3/18.	der for Metryspheridate to mg				-
	-Discontinuation or	der for Risperidone 0.5 mg				
	dated 7/6/18.	MAR had the following				
	Methylphenidate 20	MAR had the following errors: O mg was not listed. Vitamin				
	D3 1000 units was	discontinued on 8/3/18 and				
	staff continued to d	ocument 8/4 through 8/7		,		
	-The July 2018 MA	R had the following errors:				
	Methylphenidate 10	mg had blank spaces on 7/26				
	through 7/31; Vitam	nin D3 1000 units and				
	Clonidine 0.1 mg h	ad blank spaces on 7/27				
	through 7/31; Lithiu	m Carbonate 300 mg had				
	blank spaces on //	28 through 7/31. Risperidone				,
Division of H	ealth Service Regulation				عينا بناح	

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING 08/09/2018 mhl047-091 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **497 NORTHWOODS DRIVE** NEW HORIZON GROUP HOME, LLC RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORYORLSCIDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 0.5 mg was discontinued on 7/6/18, however staff continued to document 7/7 through 7/11. -The June 2018 MAR had the following errors: Risperidone 0.5 mg and Vitamin D3 1000 units had blank spaces on 6/27 through 6/29; Methylphenidate 10 mg blank spaces on 6/20 through 6/22 and 6/27 through 6/29. Observation on 8/9/18 at 1:30 PM of the medication area revealed: - Methylphenidate 20 mg was in client #2's medication box although it was not listed on the August 2018 MAR. c. Review on 8/9/18 of client #3's record revealed: Admission date of 7/12/18. -Diagnoses of Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Speech Problems and Nocturnal Enuresis. -Physician's order dated 8/3/18 for Dextroamphetamine 40 mg, one tablet at noon and Adderall XR 20 mg, one tablet in the morning. -The August 2018 MAR had the following errors: Dextroamphetamine 40 mg and Adderall XR 20 mg were not listed. Observation on 8/9/18 at 2:42 PM of the medication area revealed: -Dextroamphetamine 40 mg and Adderall XR 20 mg were in client #3's medication box although it was not listed on the August 2018 MAR. Interview with staff #1 on 8/9/18 revealed: -Some of the issues with the MAR's were related to their new pharmacy.

Division of Health Service Regulation

-There were no issues with the clients getting

Division of Health Service Regulation

_		or Health Service Re	aguiation								
	AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	PLE CONSTRUCTION		E SURVEY IPLETED				
			IDENTI IOATION NOMBER	A. BUILDING:							
			NO47 004	B. WING			R				
	managa =		mhl047-091	B. 111110	198 1	08/	09/2018				
	NAME OF P	PROVIDEROR SUPPLIER			, STATE, ZIP CODE						
	NEW HO	RIZON GROUP HOM	IE I I C	THWOODS I							
_			RAEFORI	D, NC 28376			1				
	(X4) ID PREFIX		TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE				
	TAG		LSCIDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)		DATE				
-			25/06/17/2		DEFICIENCI)						
	V 118	Continued From pa	age 4	V 118							
		their medications.									
		-She confirmed sta	aff failed to keep the MAR								
1		current for clients'	#1, #2 and #3.								
		Intonuious with the	Qualified Professional on								
		8/9/18 revealed:	Qualified Professional on								
		OFFICE AND ADDRESS OF THE STATE OF	najority of the medication errors								
		were because they	y just recently switched								
		pharmacies.									
			told each time a medication is								
1)		ust change the MAR. ere were blank spaces on the								
		June and July MAI	R's								
			sues with the clients not getting								
		their prescribed m	nedications.								
			aff failed to keep the MAR								
		current for clients'	#1, #2 and #3.								
	V 110	27G 0209 (D) Me	edication Requirements	V 119							
	VIII	27G .0209 (D) INIC	dication requirements	VIII			1				
			0209 MEDICATION				Sh. 1				
		REQUIREMENTS									
		(d) Medication disp		i.	75 STATE #1	. 4					
			n and non-prescription be disposed of in a manner that								
			version or accidental ingestion.								
		(2) Non-controlled	d substances shall be disposed								
			flushing into septic or sewer								
		system, or by tran	nsfer to a local pharmacy for								
			ord of the medication disposal								

Division of Health Service Regulation

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

	Division	of Health ServiceRe	egulation			PRINT FO	TED: 08/14/201 RM APPROVE
	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG:		OATE SURVEY OMPLETED
_			mhl047-091	B. WING _			R 08/09/2018
	NAME OF	PROVIDEROR SUPPLIER			Y, STATE, ZIP CODE	.1.	
	NEW HO	RIZON GROUP HOM		THWOODS D, NC 283			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRICIENCY)	JLD	(X5) COMPLETE DATE
	V 119	Continued From pa subsequent amend		V 119			
		remainder of his or disposed of prompt expected that the part to the facility and in drug supply shall not calendar days after. This Rule is not mere Based on observation medical against diversion or one of three clients. Review on 8/9/18 of Admission date of Diagnoses of Atten Disorder, Opposition Alcohol Spectrum Deanut Allergy. Physician's order do 0.15 mg, inject as dias needed. Observation on 8/9/medication area revertished.	on, record review and staff failed to dispose of tions in a manner that guards accidental ingestion affecting (#2). The findings are: f client #2's record revealed: 12/20/17. tion Deficit Hyperactivity hal Defiant Disorder, Fetal isorder, Cyclothymia and ated 11/18/17 for Epipen Jr irected for allergic reactions 18 at 1:30 PM of the ealed: 6 for client #2 had an Epipen h 2018.		V119 -Group Home Manager and the nurs staff person will review the expiration all OTC medications at the end of month. All OTC medications will be replaced at least one month prior to the expiration month. These reviews will documented) (See copy of the Review Documenta Form)	on date f each e he ll be	8-25-18 and 8-31-18, respectfully and ongoing thereafter
		Interview on 8/9/18 v Professional reveale -She felt like the maj were because they ju	with the Qualified ed: ority of the medication errors ust recently switched				

PRINTED: 08/14/2018 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING mhl047-091 08/09/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **497 NORTHWOODS DRIVE NEW HORIZON GROUP HOME, LLC** RAEFORD, NC 28376 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSCIDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 119 V 119 Continued From page 6 -She felt like the pharmacy should have realized the Epipen had expired. -The pharmacy should have sent them a new Epipen for client #2. -She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 08/09/2018 mhl047-091 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 497 NORTHWOODS DRIVE NEW HORIZON GROUP HOME, LLC RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** TAG REGULATORY OR LSCIDENTIFYING INFORMATION) TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 8/9/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. V 118 27G .0209 (C) Medication Requirements V 118 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 Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIERREPRESENTATIVE'S SIGNATURE

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TITLE

(X6) DATE

Division o	of Health ServiceRe	gulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	The state of the s	E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING			
		mhl047-091	B. WING			R 09/2018
NAME OF P	ROVIDEROR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NEWLIO	NOW COOL OF LICE	497 NORT	HWOODS E	DRIVE		
NEW HO	RIZON GROUP HOM	E, LLC RAEFORD), NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	DBE	(X5) COMPLETE DATE
V 118	with a physician. This Rule is not meased on observation interviews, the facicurrent affecting the #3). The findings at a. Review on 8/9/1 revealed: -Admission date or -Diagnoses of Bips Stress Disorder, And Disorder and DisorderPhysician's ordering, one capsule of Friday; Vyvanse 4 and Sunday; Aripi morning and Traze bedtimeThe August 2018 Vyvanse 40 mg were July 2018 Mark spaces on 7 mg had staff's inition through 7/22. Vyv medication to be generally and staff's inition to the general staff's inition to the gener	net as evidenced by: tion, record reviews and lity failed to keep the MAR tree of three clients (#1, #2 and tre: 18 of client #1's record 19 f 1/26/18. Colar II Disorder, Post Traumatic ttention Deficit Hyperactivity uptive Mood Dysregulation 10 dated 8/3/18 for Vyvanse 50 Every morning Monday through 10 mg, one capsule on Saturday prazole 5 mg, one tablet in the codone 50 mg, one tablet at 10 MAR had the following error: 11 as not listed. 12 AR had the following errors: 13 and Trazodone 50 mg had 13 through 7/31. Vyvanse 40 14 anse 40 mg order was for 15 given on weekends only. 16 AR had the following errors: 17 and Trazodone 50 mg had 18 through 7/31. Vyvanse 40 19 fals on 7/4, 7/5, 7/11, 7/12, 7/14 19 fals on 6/1 through 10 fold of 10 through 11 fold of 10 through 12 fold of 10 through 13 fold of 10 through 14 fold of 10 through 15 fold of 10 through 16 fold of 10 through 16 fold of 10 through 17 fold of 10 through 18 fold of 10 through 19 fold of 10 through 10 fold of 10 through 11 fold of 10 through 12 fold of 10 through 13 fold of 10 through 14 fold of 10 through 15 fold of 10 through 16 fold of 10 through 17 fold of 10 through 18 fold of 10 through 19 fold of 10 through 19 fold of 10 through 10 fold of 10 through 11 fold of 10 through 12 fold of 10 through 13 fold of		V118 -Clinical Director completed superwith the Group Home Manager relathe following: documenting review MARs, documenting review of the expiration dates of all OTC medicatrain staff related to the specific Maissues and expired medications (See copy of the supervision minute) -All staff will be re-trained by the notation of expired OTC medications. All MARs will be reviewed daily be Group Home Manager. The review also confirm the medications in the with the MAR and the daily review documented. (See copy of the Review Document Form) -At least monthly, the nursing staff complete a review of the MARs, medications evident in the medication and expiration dates on all OTC medications.	atted to of the tions, re-AR tes) aursing proper ons box will box will be atton will on box,	8-17-18 No later than 8-31-18 8-25-18 and ongoing 8-31-18 and ongoing
	Vyvanse 40 mg w -The July 2018 M/ Aripiprazole 5 mg blank spaces on 7 mg had staff's initi through 7/22. Vyv medication to be g -The June 2018 M Vyvanse 40 mg h 6/6, 6/9, 6/10, 6/1	as not listed. AR had the following errors: and Trazodone 50 mg had 7/28 through 7/31. Vyvanse 40 fals on 7/4, 7/5, 7/11, 7/12, 7/14 fanse 40 mg order was for given on weekends only. AR had the following errors: ad staff's initials on 6/1 through 6, 6/17, 6/24, 6/26 and 6/29. Inder was for medication to be		and expiration dates on all OTC	on box,	and

Observation on 8/9/18 at 2:00 PM of the

(X3) DATE SURVEY

Division of Health ServiceRegulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COM	IPLETED
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		mhl047-091	B. WING			09/2018
NAME OF	PROVIDEROR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NEWNO		497 NORT	HWOODS D	DRIVE		
NEW HO	RIZON GROUP HOMI	E, LLC RAEFORI	D, NC 28376	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
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V 118	Continued From pa	ane 2	V 118			
	medication area re					
		as in client #1's medication box listed on the August 2018				
	MAR.	listed off the August 2016	i			
	WAIX.					1
	b. Review on 8/9/1	8 of client #2's record				
	revealed:					
	-Admission date of					
		ntion Deficit Hyperactivity				
		onal Defiant Disorder, Fetal Disorder, Cyclothymia and				
	Peanut Allergy.	Disorder, Cyclothyrnia and				
	-Physician's order	dated 8/3/18 for				
		0 mg, one tablet in the				
	morning.					
	-Physician's order					
		0 mg, one and one half tablets				
		amin D3 1000 units, three				
	mg, two tablets at	ing and Lithium Carbonate 300				
		dated 6/1/18 for Risperidone				
	0.5 mg, one tablet					
		dated 5/4/18 for Clonidine 0.1				·
	mg, one tablet at b					
		rder for Vitamin D3 1000 units				
	dated 8/3/18.	rder for Methylphenidate 10 mg				4
k:	dated 8/3/18.	der for Metriyipheriidate forfig				1
		rder for Risperidone 0.5 mg				
1	dated 7/6/18.	,				f ,
		MAR had the following errors:				
	Methylphenidate 2	0 mg was not listed. Vitamin				
		discontinued on 8/3/18 and				
		document 8/4 through 8/7. AR had the following errors:				
		0 mg had blank spaces on 7/26				
		min D3 1000 units and				
		nad blank spaces on 7/27				
	through 7/31; Lithi	um Carbonate 300 mg had				
	blank spaces on 7	/28 through 7/31. Risperidone				

(X2) MULTIPLE CONSTRUCTION

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		TE SURVEY MPLETED
		mhl047-091	B. WING	<u></u>	08	R /09/2018
NAME OF F	PROVIDEROR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
NEW HO	RIZON GROUP HOM		THWOODS I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYINGINFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 118	continued to documente June 2018 M/Risperidone 0.5 mg had blank spaces of Methylphenidate 10 through 6/22 and 6 through 6/22 and 6/22	tinued on 7/6/18, however staffnent 7/7 through 7/11. AR had the following errors: g and Vitamin D3 1000 units on 6/27 through 6/29; 0 mg blank spaces on 6/20 s/27 through 6/29. B/18 at 1:30 PM of the vealed: 20 mg was in client #2's hough it was not listed on the second revealed: 7/12/18. B/18 ositional Defiant Disorder, Post Disorder, Attention Deficit reder, Disruptive Mood order, Major Depressive Problems and Nocturnal dated 8/3/18 for the 40 mg, one tablet at noon 0 mg, one tablet in the MAR had the following errors: the 40 mg and Adderall XR 20 s/18 at 2:42 PM of the				
	to their new pharm					

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING mhl047-091 08/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **497 NORTHWOODS DRIVE** NEW HORIZON GROUP HOME, LLC RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORYORLSCIDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 118 Continued From page 4 V 118 their medications. -She confirmed staff failed to keep the MAR current for clients' #1, #2 and #3. Interview with the Qualified Professional on 8/9/18 revealed: -She felt like the majority of the medication errors were because they just recently switched pharmacies. -Facility staff were told each time a medication is completed they must change the MAR. -That was why there were blank spaces on the June and July MAR's. -There were no issues with the clients not getting their prescribed medications. -She confirmed staff failed to keep the MAR current for clients' #1, #2 and #3. V 119 27G .0209 (D) Medication Requirements V 119 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

Division of Health Service Regulation

Substances Act, G.S. 90, Article 5, including any

STATE FORM

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Division	of Health Service Re	egulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and the second s	PLE CONSTRUCTION G:		TE SURVEY MPLETED
		mhl047-091	B. WING	*	30	R 8/ 09/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE	L	
	RIZON GROUP HOM	F LLC 497 NOR	THWOODS D, NC 2837	DRIVE		
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V 119	subsequent amend (4) Upon discharge remainder of his or disposed of promp expected that the p to the facility and in drug supply shall in calendar days afte This Rule is not me Based on observation on the facility prescription medicagainst diversion of one of three clients Review on 8/9/18 -Admission date or -Diagnoses of Atter Disorder, Opposition Alcohol Spectrum Peanut AllergyPhysician's order 0.15 mg, inject as as needed. Observation on 8/9 medication area re -The medication b that expired in Ma Interview on 8/9/11 Professional reveal- She felt like the in	dments. It of a patient or resident, the resident her drug supply shall be thy unless it is reasonably patient or resident shall return in such case, the remaining not be held for more than 30 in the date of discharge. The date of discharge detailed to dispose of the date of discharge are: The findings are: The f	V 119	V119 -Group Home Manager and the nurs staff person will review the expiration all OTC medications at the end omonth. All OTC medications will breplaced at least one month prior to expiration month. These reviews widocumented) (See copy of the Review Documenta Form)	on dates of each oe the ill be	8-25-18 and 8-31-18, respectfully and ongoing thereafter

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STATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 10 10	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 119	Continued From pa	age 6	V 119			
		harmacy should have realized			1	
	the Epipen had exp	pired. hould have sent them a new				
	Epipen for client #2	2. e facility staff failed to ensure				
	medications were	disposed of in a manner that version or accidental ingestion.				
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Division of Health Service Regulation

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Supervision Minutes

Employee: Sheila Lee, QP/Group Home Manager Supervision: Thomas McMillan, Clinical Director

Date: 8-17-18

Re: 8-09-18 Deficiency Findings by DHSR

During the supervision meeting the following items were discussed:

• Issues related to documentation on the MAR

- o Blank spaces on the MAR
- Medication to be given only on weekends and evidence of documentation at other times
- Medications being evidenced in the medication boxes that were not listed on the MAR
- Documentation showing medication(s) continued to be given to client after the discontinuation date to stop the medication(s)
- OTC meds in the medication box reflected expired date

Action:

Because of the above deficient issues, Ms. Lee was instructed to immediately begin implementing the following items:

- Arrange training for all staff, including the QP, with the training being completed by the nursing staff person. The training should occur no later than 8-31-18 and specifically include a review of the following areas: blank spaces on the MAR; correct administration of medication(s) i.e., medications to be given only on the weekends; medications being discontinued and how to document on the MAR and proper disposal of the medication; etc; medications evidenced in the medication box should concur with the medications listed on the MAR; expiration dates on OTC medications
- The Group Home Manager will daily complete the Review Documentation Form
- The Group Home Manager will complete on the last day of the month the expiration dates of all OTC medications. This review will be documented on the Review Documentation Form
- The Group Home Manager will inform the nursing staff person of the nurse's need to review and complete the Review Documentation Form no later than the last day of each month

MAR Review Documentation Form

Please write your initial on each line reflecting review or write any issues found

31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	U1	4	3	2	1	Muork
																													-		Spaces on MAR
																													1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		correct day/time
																															discontinued meds being administered (past discontinued date)
																															medication box concur with the MAR
																															No evidence of OTC medications reflecting expired dates