PRINTED: 08/22/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(3) DATE SURVEY	
AND PLAN (OF CORRECTION	N IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED		
		MHL041-608	B. WING		08/17/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
BENTON	I ANE	2205 BEN	TON LANE				
DENTON	LANE	GREENSE	BORO, NC 2745	55			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE CC	(X5) DMPLETE DATE	
V 000	0 INITIAL COMMENTS		V 000				
	An annual survey was completed 8/17/2018. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 118 27G .0209 (C) Medication Requirements		ation Requirements	V 118				
	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						

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

TITLE (X6) DATE

DIVISION	or riealin Service Regu	iauon				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MIII 044 000	B. WING		004	17/0040
		MHL041-608	D: Wii(0		08/1	17/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		2205 BE	NTON LANE			
BENTON	LANE	GREENS	BORO, NC 274	55		
040.15	CUMMADV CT	ATEMENT OF DEFICIENCIES			NI.	2/5
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
V 118	Continued From page	- 1	V 118			
V 110	Continued From page	2 1	V 110			
	This Rule is not met	as evidenced by:				
		and record reviews the				
		e that a MAR of all drugs				
		client was kept current and				
		ame or initials of the person				
		g affecting 2 of 3 clients				
	(Client #1, and #2). T	ne findings are:				
	Review on 8/15/2018	of Client #1's record				
	revealed:	of Cheff #13 record				
	- Admission date of 4	133/3003				
	- 8/23/2017 Person-C					
	- "display self-injuri					
		etimes property destruction."				
		e and persuasive at times."				
		gence Quotient) was 73.				
	- Diagnoses:					
	- Impulse Control Dis					
	- Mild Intellectual Disa	•				
	- Autism Spectrum Di	sorder				
	D : 0/45/0040	(0): 1 ((0)				
	Review on 8/15/2018	of Client #2's record				
	revealed:					
	- Admission date of 9					
	- 1/8/2018 Person-Ce					
		ient # 2] to maintain his				
	_	o remain medically stable."				
		pertension, and concerns				
	with his weights."					
	- "has concerns wit	th elevated potassium				
	levels."					
	- Full scale IQ was 63	3.				
	- Diagnoses:					
	- Psychotic Disorder,	Not Otherwise Specified				
	- Attention Deficit Dis	order				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
M		MHL041-608	B. WING		08/17/2018		
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA		1 00/11		
			NTON LANE	, 2 5552			
BENTON I	LANE	GREENS	SBORO, NC 2745	55			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 118	Continued From page	2	V 118				
	- Intermittent Explosiv - Schizoaffective Disc - Mild Intellectual Disc	ve Disorder order (Bipolar Type)					
	client #1 revealed: -On 2/28/2018 the ph - Januvia 100 mg take - losartan 25 mg take - niacin ER (Extended tablet at bedtime Nexium 40 mg 1 cal	e 1 tablet every morning. 1 tablet at bedtime. d Release) 500 mg take 1 osule by mouth daily. tablet by mouth at bedtime. 1 tablet twice a day sician ordered:					
	6/1/2018-8/14/2018 rd -No staff initials and rd following date for Jan 6/27/2018. - No staff initials and following date for losa 6/13/2018. - No staff initials and following date for niad following date for niad following date for New 6/13/2018. - No staff initials and following date for New 6/13/2018, 7/16/2018. - No staff initials and following date for sim 6/13/2018. - No staff initials and	no documentation on the uvia 100 mg at 8 am: no documentation on the artan 25 mg at 8 pm: no documentation on the cin ER 500 mg at 8 pm: no documentation on the sium 40 mg at 8 pm:					

Division of Health Service Regulation

7/25/2018.

STATE FORM 6899 F75Z11 If continuation sheet 3 of 6

DIVISION	n nealth Service Regu	lation				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL041-608		B. WING		08/17/2018		
		WITE 04 1-000			00/17/2010	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
BENTON I	ANE	2205 BEI	NTON LANE			
BENTON	LANL	GREENS	BORO, NC 274	55		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE DAIE	
			+			
V 118	Continued From page	e 3	V 118			
		no documentation on the				
	following date for Lora	azepam .5 mg at 4 pm:				
	8/14/2018.					
	- Review on 8/14/201	8 of physician's orders for				
	client #2 revealed:	o or priyacian a ordera for				
	-On 2/28/2018 the ph	ysician ordered:				
	- aspirin 81 mg take 1	tablet daily.				
	- docusate 100 mg ta	ke 1 capsule twice a day.				
 - ferrous sulfate 325 mg take 1 tablet twice a day. - furosemide 20 mg take ½ tablet (10 mg) every morning. - Metformin 1000 mg take 1 tablet twice a day. 						
	 Osy-Calc/Vitamin D 500 mg take 1 tablet daily. pioglitazone 30 mg take 1 tablet daily. Seroquel ER 150 mg take 1 tablet twice a day. 					
	•	•				
	-On 3/9/2018 the physician ordered: - clonazepam 1 mg take 1 tablet 3 times a day.					
	cionazepani i nig te	ance i tubici o timos a day.				
	Review on 8/14/2018	of client #2's MAR from				
	6/1/2018-8/14/2018 re					
		no documentation on the				
	following date for asp					
	7/25/2018.					
		no documentation on the				
		usate 100 mg at 8 am:				
	7/25/2018.					
		no documentation on the				
	7/28/2018 and 7/25/2	ous sulfate 325 mg at 8 am:				
		no documentation on the				
		semide 20 mg at 8 am:				
	7/25/2018.	oomac 20 mg at 0 am.				
		no documentation on the				
		formin 1000 mg at 8 am:				
	7/25/2018.	3				
		no documentation on the				
following date for Osy-Calc/Vitamin D 500 mg at						

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8 am: 7/25/2018.

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DIVISION	or riealth Service Regu	ilation				
· · ·		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MUU 044 COO	B. WING		004	7/0040
		MHL041-608			08/1	7/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
DENITON	ANE	2205 BEN	ITON LANE			
BENTON	LANE	GREENS	BORO, NC 274	55		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 118	Continued From page	e 4	V 118			
		documentation on the				
		glitazone 30 mg at 8 am:				
	7/25/2018.					
		no documentation on the				
	7/25/2018 and 8/1/20	oquel ER 150 mg at 8 am:				
		no documentation on the				
		nazepam 1 mg at 8 am:				
	7/25/2018.	lazepani i nig at o ani.				
	- No staff initials and no documentation on the					
	following date for clonazepam 1 mg at 12 pm:					
		3, 7/30/2018 and 7/31/2018.				
	The state of the s	given three times a day at 8				
	am, 12 pm and 4 pm had a fourth row on July					
	2018 MAR and fourth row signed by staff on the					
	following dates:					
	- 7/1/2018 to 7/3/2018	8				
	- 7/5/2018 to 7/20/20	18				
	- 7/23/2018					
	- 7/24/2018					
	Interview on 8/16/201	18 and 8/17/2018 with the				
	nurse revealed:					
	- 8/16/2018 interview:	:				
		nent clerk checks the MARs				
	weekly.					
		artment clerk) supposed to				
	_	eek and bring it to the				
		mething doesn't look right."				
		he MARs, "I feel like they are				
	being given, she's (st correctly."	aff #1)just not documenting				
	- "[Staff #1's] keys ha	ve been pulled for thirty				
	days which means sh	ne can't give meds for thirty				
	days."					
		oam being signed four times				
		hat doesn't make sense; I				
	don't know why they					
		investigation that started				
yesterday (with staff #1)."						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL041-608		B. WING		08/17/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
BENTON	LANE		ITON LANE BORO, NC 2745	55	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	Continued From page	5	V 118		
	giving medications pro-8/17/2018 interview: "On Fridays I will be let there is no holes (on I addressed with that s' - Interview on 8/16/20 (HM): - "It is a failure to door given." - Client # 2's clonaze times a day in July 20 that." - When giving the merfocused." - "I have showed here and feel she is not food don't think she has a least think she h	cooking myself to make sure Mars) and if so it will be taff on Friday." 18 with the Home Manager cument and meds have been pam being signed four 18: "not sure why it's like dications "[Staff #2] is not (staff #2) how to do her job cused. Her attention span I long one." 18 with staff #1: on and seven off. ekdays worked: from 6 ampm for the night. eweekend: om pm			

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