

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2018
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NAME OF PROVIDER OR SUPPLIER INREACH/GAYNELLE DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 4525 GAYNELLE DRIVE CHARLOTTE, NC 28215
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(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 25, 2018. The complaint was unsubstantiated (Intake # NC00142644). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p> <p>(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.</p> <p>(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.</p>	V 119		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to dispose of expired medications affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Observation on 9/19/18 at approximately 2:30pm of Client #3's medication revealed: -Blister pack of MI Acid Gas Tabs with pharmacy label indicating dispense date of 8/30/17 and expiration date of 8/30/18.</p> <p>Review on 9/19/18 of Client #3's record revealed: -Admission date of 8/1/15; -Diagnoses of Intellectual Developmental Disability - Moderate, Deaf, Autistic Disorder, Depression; -Physician's order dated 8/27/18 for MI Acid Gas Tabs 80mg 1 tab four times daily as needed for gas pains; -September, 2018 MAR revealed administration of MI Acid Gas Tabs 80mg 1 tab four times daily as needed for gas pains.</p> <p>Interview on 9/19/18 with the House Manager revealed: -Will dispose of the expired medication and order new medication from the pharmacy.</p> <p>Interview on 9/25/18 with the Qualified Professional revealed: -The House Manager replaced Client #3's MI Acid Gas Tabs on 9/19/18.</p>	V 119		