

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/25/2018
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NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #2	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH BESTON ROAD LA GRANGE, NC 28551
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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 follow-up survey was completed on 9/25/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews the facility failed to store medications in a refrigerator used for food items in a separate and locked container for one of three audited clients(#1). The findings are:</p>	V 120		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 120	<p>Continued From page 1</p> <p>Review on 9/25/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - 29 year old male. - Admission to facility 4/01/08. - Diagnoses including Mild Intellectual Developmental Disabilities, Spina Bifida, Hydrocephalus with ventriculoperitoneal shunt, neurogenic bowel and bladder. - Physician's order dated 4/30/18 for Bisac-Evac Suppositories 10 mg, insert one suppository rectally every day. <p>Observation on 9/25/18 at approximately 2 pm of facility staff refrigerator revealed approximately 10 - 12 suppositories on refrigerator shelf with no storage container.</p> <p>Observation on 9/25/18 revealed Staff #1 retrieved Bisac-Evac Suppositories, 10 mg, contained in a plastic bag from the facility staff refrigerator. The medication was not in a separate locked container.</p> <p>Interview on 9/25/18 at approximately 2:10 pm Staff #1 stated "I only fill-in for the House Manager, and the refrigerator is her personal refrigerator. I do not know why she does not use a lock box."</p> <p>Interview on 9/25/18 the Administrative Assistant stated a separate locked container had been provided for use at the facility to store the medication. She did not know why the medication was not in the locked box inside the refrigerator but she would work with the House Manager regarding the use of a lock box for the medication.</p>	V 120		