Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-115	A. BUILDING: _____ B. WING _____	R 09/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PINES #2	2600 NORTH BESTON ROAD LA GRANGE, NC 28551

(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	INITIAL COMMENTS An annual and follow-up survey was completed on 9/25/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (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; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (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. 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:	V 120	DHSR-Mental Health OCT 17 2018 Lic. & Cert. Section Locked box container previously provided for use to store suppositories now in use for proper storage. Staff will	9-26-18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 10-14-18

Division of Health Service Regulation

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	MHL096-115	A. BUILDING: _____ B. WING _____	R 09/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PINES #2	2600 NORTH BESTON ROAD LA GRANGE, NC 28551

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V 120	Continued From page 1 Review on 9/25/18 of Client #1's record revealed: - 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. 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. 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. 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." 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.	V 120	monitor weekly to insure continuing to be stored properly	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-115 (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT 9/25/2018 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PINES #2	2600 NORTH BESTON ROAD LA GRANGE, NC 28551

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0108 Reg. # 27G .0202 (F-I) LSC	Correction Completed 09/25/2018	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Beth Phillips, MAEd	DATE 9/25/18
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/29/2017		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

EVENT ID: 4SMD12

STATE FORM: REVISIT REPORT (11/06)