STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED R		
			A. BUILDING:			
		MHL032-613	B. WING		10/18/2	2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
IOUSE O	F CARE, INC		MBALL DRIVE M, NC 27712			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		ow-up survey was completed 8. There were deficiencies				
	category: 10A NCA	sed for the following service C 27G. 5600C for Adults with Developmental				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administer current. Medication recorded immediate MAR is to include ti (A) client's name; (B) name, strength, (C) instructions for (D) date and time ti (E) name or initials drug.	aninistration: non-prescription drugs shall ed to a client on the written nuthorized by law to prescribe all be self-administered by nuthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of red to each client must be kept as administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administering the				
		for medication changes or corded and kept with the MAR				

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R	
	MHL032-613	B. WING		10)/18/2018
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
F CARE, INC					
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page 1		V 118			
file followed up by ap with a physician.	opointment or consultation				
This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#4). The findings are:					
revealed: -Admission date of 1 -Diagnoses of Schize Type 2, Schizoaffecti Disruptive Behavior I Intellectual Disability -Physician order date Q.I.D. Test Strips - B	2/5/13. ophrenia, Diabetes Mellitus ive Disorder, Mood Disorder, Disorder and Severe ed 8/17/18 for Precision lood Sugar Diagnostic Strips.				
#4's medication reve available: -Precision Q.I.D. Tes	aled the following was not t Strips - Blood Sugar				
October 2018 reveal dates: - October 15 - p -October 16 - a. -October 17- a.r	ed blanks on the following .m. m. and p.m. n. and p.m.				
	ROVIDER OR SUPPLIER CARE, INC SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From pag file followed up by ar with a physician. This Rule is not met Based on record rev interview the facility f was available accord one of three audited are: Review on 10/18/18 revealed: -Admission date of 1 -Diagnoses of Schize Type 2, Schizoaffect Disruptive Behavior I Intellectual Disability -Physician order date Q.I.D. Test Strips - B Use one two times d Observation on 10/1. #4's medication reve available: -Precision Q.I.D. Test Diagnostic Strips. Us Review on 10/18/18 October 2018 reveal dates: - October 15 - p -October 16 - a. - October 17 - a.r	IDENTIFICATION NUMBER: MHL032-613 ROVIDER OR SUPPLIER STREET / CARE, INC 1118 KII DURHA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#4). The findings are: Review on 10/18/18 of Client # 4's record revealed: -Admission date of 12/5/13. -Diagnoses of Schizophrenia, Diabetes Mellitus Type 2, Schizoaffective Disorder, Mood Disorder, Disruptive Behavior Disorder and Severe Intellectual Disability. -Physician order dated 8/17/18 for Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily. Observation on 10/18/18 at 9:45 a.m. of Client #4's medication revealed the following was not available: -Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily. Review on 10/18/18 of Client #4's MAR for October 2018 revealed blanks on the following	IDENTIFICATION NUMBER: A. BUILDING: MHL032-613 B. WING STREET ADDRESS, CITY, STATE COVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 V 118 file followed up by appointment or consultation with a physician. V 118 This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#4). The findings are: V 118 Review on 10/18/18 of Client #4's record revealed: -Admission date of 12/5/13. -Diagnoses of Schizophrenia, Diabetes Mellitus Type 2, Schizoaffective Disorder, Mood Disorder, Disruptive Behavior Disorder and Severe Intellectual Disability. -Physician order dated 8/17/18 for Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily. Observation on 10/18/18 at 9:45 a.m. of Client #4's medication revealed the following was not available: -Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily. Review on 10/18/18 of Client #4's MAR for October 16 - p.m. -October 16 - p.m. -October 16 - a.m. and p.m.	F CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL032-613 B. WING COVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARE, INC DURHAM, NC 27712 SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLANC (EACH CORRECTIVE A CORSS-REFERENCED TO DURHAM, NC 27712 Continued From page 1 V 118 V 118 file followed up by appointment or consultation with a physician. V 118 This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#4). The findings are: V 118 Review on 10/18/18 of Client #4's record revealed: -Admission date of 12/5/13. -Diagnoses of Schizophrenia, Diabetes Mellitus Type 2, Schizoaffective Disorder, Mood Disorder, Disruptive Behavior Disorder and Severe Intellectual Disability. -Physician order dated 8/17/18 for Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily. Disen of the Behavior Disorder and Severe Intellection revealed the following was not available: -Precision Q.I.D. Test Strips - Blood Sugar Diagnostic Strips. Use one two times daily. Review on 10/18/18 of Client #4's MAR for October 16 - a.m. and p.m. -October 16 - a.m. and p.m. -October 16 - a.m. and p.m. Review on 10/18/18 of Client #4's MAR for October 16 - a.m. and p.m. Here Strips - Blood Sugar	FCORRECTION IDENTIFICATION NUMBER: A BUILDING: 10 MHL032-613 8. WING 10 SOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 1118 KIMBALL DRIVE ECARE, INC 1018 HIMBALL DRIVE DURHAM, NC 27712 ECARE, INC 102 PREVIEW PREVIEW OF CORRECTIVE ADDRESS PLAN OF

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Division of Health Service Regulation TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-613			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		10	R 10/18/2018	
AME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		1118 KI	MBALL DRIVE			
0032 0	F CARE, INC	DURHA	M, NC 27712			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page	2	V 118			
	test strips on 8/17/18. -The order written on refills. -She sent a fax for refills. -The 8/17/18 order wa -Group home staff can times for refills. -Pharmacy staff incom refills would be delive -Pharmacy staff was refills. -She was still waiting physician regarding refi	8/17/18 did not include fills. as for 50 day supply. lled the pharmacy several rectly told group home staff red. not aware there were no to hear back from the efills. ver-the-counter test strips				
	-She was informed renext day. -When the refills were contacted the pharma -She and staff #1 had several times regardin -Pharmacy staff never refills.	I: o pharmacy on 10/13/18. fills would be delivered the e not delivered she acy. called the pharmacy ng the refills. r reported there were no facted the physician's office				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it	EMENTS				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL032-613	B. WING			/18/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
IOUSE O	F CARE, INC		IBALL DRIVE M, NC 27712			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLE DATE
V 736	Continued From page 3		V 736			
		, clean, attractive and orderly kept free from offensive				
	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:					
	-There was dust and bedrooms on the 2nd	8/18 at 10:00 a.m. revealed: dirt on the ceiling fans in the d floor. en door window was missing.				
	Interview on 10/18/18 Professional reveale -She would have sta in the bedroom.					
	-The screen door wir	8 with the Director revealed: ndow was replaced before. screen door removed.				
	This deficiency const and must be corrected	titutes a re-cited deficiency ed within 30 days.				