	T OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MUI 022 456	B. WING		R 11/09/2018	
MHL032-456					11/0	J9/2018
	ROVIDER OR SUPPLIER	10 MEA	DDRESS, CITY, ST DOW CREST D			
ECURIN	IG RESOURCES FOR		M, NC 27703			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	TS	V 000			
		ow-up survey was completed 18. Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G. 5600C Supervised th Developmental Disabilities.				
V 121	27G .0209 (F) Med	lication Requirements	V 121			
	governing body or of for obtaining a revie regimen at least even shall be to be perfor physician. The on-se the client's physicia the review when m (2) The findings of	ew: eives psychotropic drugs, the operator shall be responsible ew of each client's drug rery six months. The review ormed by a pharmacist or site manager shall assure that an is informed of the results of edical intervention is indicated the drug regimen review shall client record along with				
	Based on record re failed to obtain drug three of three client	et as evidenced by: eviews and interview the facility g reviews every six months for ts (#1, #2 and #3) who pic drugs. The findings are:				
	revealed: -Admission date of -Diagnoses of Prof	ound Mental Retardation, Allergic Rhinitis and Herpes				

VHER11

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NONDER.	A. BUILDING: B. WING			
		MHL032-456				R 09/2018
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ECURI	NG RESOURCES FOR	R CONSLIMERS II	DOW CREST D M, NC 27703	RIVE		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 121	Continued From pa	age 1	V 121			
	150 mg, one and o and Diazepam 5 m -Physician's order of Carbamazepine EF times daily. -Physician's order of 0.5 mg, one tablet tw -The November 20 was administered t -There was a six m review for client #1 -There was no evid psychotropic drug m b. Review on 11/7/7 revealed: -Admission date of -Diagnoses of Mod Autistic Disorder ar -Physician's order of Sodium ER 500 mg -Physician's order of	R 100 mg, five tablets two dated 11/14/17 for Risperidone in the evening and Risperidon to times daily. 18 MAR revealed client #1 he above medications. toonths psychotropic drug dated 8/9/16. lence of a current six months review for client #1. 18 of client # 2's record 10/3/08. lerate Mental Retardation, ad Seizure Disorder. dated 7/21/18 for Divalproex g, four tablets at bedtime. dated 5/7/18 for Benztropine 1 times daily; Chlorpromazine				
	Chlorpromazine 50 daily; Lamotrigine 1 daily; Alprazolam 1 daily and Aripiprazo morning.	mg, one tablet two times 150 mg, one tablet two times mg, one tablet three times ble 20 mg, one half tablet in the	e			
	was administered t -There was a six m review for client #2	lence of a current six months				
		18 of client # 3's record				

STATE FORM

VHER11

If continuation sheet 2 of 6

	IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		MHL032-456	B. WING			R 09/2018	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			/09/2010	
	IG RESOURCES FOR	10 MEA	DOW CREST D				
		DURHAN	A, NC 27703				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 121	Continued From pa	age 2	V 121				
	Schizoaffective Dis Cognitive Disorder. -Physician's order of HCL 10 mg, one ta Fumarate 200 mg, Quetiapine Fumara bedtime. -The November 20 was administered t -There was no evid psychotropic drug r	Intellectual Disability, order and Unspecified dated 2/12/18 for Paroxetine blet in the morning; Quetiapine one tablet in the morning and ate 300 mg, three tablets at 18 MAR revealed client #3 he above medications. lence of a six months review for client #3.					
	-The agency had a psychotropic drug r -The registered nur psychotropic drug r -He did not realize do the psychotropic -The pharmacy use reviews for them. -He confirmed the s	rse had been doing the reviews for a few years. a registered nurse could not					
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf	ity and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	V 736				
	This Rule is not me	et as evidenced by:					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R 11/09/2018	
	or connection	IDENTIFICATION NOMBER.					
		MHL032-456					
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ECURIN	IG RESOURCES FOR	R CONSUMERS II	DOW CREST D M, NC 27703	RIVE			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 736	Continued From pa	age 3	V 736				
	Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 11/7/18 at approximately 1:00 PM of the facility revealed the following issues: -Bathroom #2-The shower curtain was torn. -Client #3's bedroom-There were three knobs missing from the chest of drawers. -Clients' #1 and #2 bedroom-The wardrobe was broken, drawers to dresser were off the tracks, client #1 had no box spring, there were no blinds/curtains covering the window and the top of bedroom door was stained. -Den area-The light switch closest to outside door was cracked, carpet was torn and stained. -Client #4's bathroom area-There were approximately twelve small cracks in the linoleum, there was no shower curtain and the handle was missing to the bathroom door. -Client #4's bedroom-There were five knobs missing to the chest of drawers. -Kitchen area-The cabinets that surrounded the sink were broken.						
			ſ				
	-She thought mana the issues with the -She confirmed the	#1 on 11/7/18 revealed: agement was aware of most of group home. facility was not maintained in ctive and orderly manner.					
	-He was aware of r group home. -The agency had a to look at the issue -Client #2 was resp	oonsible for some of the nroughout the home.					

STATE FORM

VHER11

If continuation sheet 4 of 6

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
						R
		MHL032-456	B. WING		11/	09/2018
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ECURI	NG RESOURCES FOR	CONSLIMERS II	DOW CREST D 1, NC 27703	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ge 4	V 736			
	-He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.					
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.				
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752			
	<ul> <li>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</li> <li>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</li> <li>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</li> </ul>					
	failed to maintain th	et as evidenced by: ion and interview the facility ne facility water temperature egrees Fahrenheit. The				
	approximately 1:00 -The kitchen sink w degrees Fahrenhei -Bathroom #1 wate degrees Fahrenhei	vater temperature was 122 t. r temperature was 130 t. r temperature was 130				
		t #3 on 11/9/18 revealed: assistance to adjust the water				

VHER11

If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWBER.	A. BUILDING:			
		MHL032-456	B. WING		R 11/09/2018	
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ECURI	NG RESOURCES FO	R CONSLIMERS II	DOW CREST D M, NC 27703	RIVE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
ŘÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 752	Continued From pa	age 5	V 752			
	-The hot water hea -They did not realiz -None of the clients bathing. -All of the clients w water temperature -She confirmed the facility water temperature degrees Fahrenhe Interview on 11/7/1 -The hot water hea in the home. -They did not think temperature. -All of the clients w water temperature -He confirmed the	e facility failed to maintain the erature between 100-116 it. 18 with the Manager revealed: ater was just recently installed a about checking the water vere capable of adjusting the during bathing. facility failed to maintain the erature between 100-116				

VHER11