Division	of Health Service Re	egulation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING	:	COMPLETED
		MHL032-440	B. WING		11/09/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY,	STATE, ZIP CODE	
SECURI	NG RESOURCES FOR	CONSUMERS, I		1	
0(0) 15			NC 27707		
(X4) ID PREFIX TAG	DEFICIENCY MU	IENT OF DEFICIENCIES (EACH IST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY)	ROSS- COMPLETE
V 000	INITIAL COMMENT	S	V 000		
	An annual survey was completed on November 9, 2018. Deficiencies were cited.			RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 3:48 pm, D	lec 07, 2018
	category: 10A NCA	ed for the following service C 27G. 5600C Supervised h Developmental Disabilities.			
V 121	27G .0209 (F) Med	cation Requirements	V 121		
	<ul> <li>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</li> <li>(f) Medication review:</li> <li>(1) If the client receives psychotropic drug governing body or operator shall be respondent of the regimen at least every six months. The respondent of the test of the test of the performed by a pharmacist physician. The on-site manager shall assore the client's physician is informed of the respondent of the review when medical intervention is in (2) The findings of the drug regimen review be recorded in the client record along with corrective action, if applicable.</li> </ul>		completed on 1	Drug reviews for three of three client completed on 12/4/2018 and scheduler and December each year thereafter.	
	failed to obtain drug three of three client received psychotrop a. Review on 11/8/1 revealed: -Admission date of -Diagnoses of Mild Disorder, Intermitte	views and interview the facility g reviews every six months for s (#1, #2 and #3) who bic drugs. The findings are: 8 of client # 1's record 7/1/06. Mental Retardation, Bipolar I nt Explosive Disorder, Seizure			
	Disorder and Tardiv lealth Service Regulation	-			
		ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-440			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 11/09/2018	
		B. WING				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
SECURI	NG RESOURCES FOR	R CONSUMERS, I	LLIER DRIVE			
	SUMMARY STATE	MENT OF DEFICIENCIES (EACH	M, NC 27707	PROVIDER'S PLAN OF COR		(ME)
(X4) ID PREFIX TAG	DEFICIENCY MU	JST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHO REFERENCED TO THE A DEFICIENCY	ULD BE CROSS-	(X5) COMPLET DATE
V 121	Continued From page 1		V 121			
	150 mg, one tablet HCL 30 mg, one tal Clonazepam 0.5 m -The November 20 was administered th -There was no evid psychotropic drug r b. Review on 11/8/1 revealed: -Admission date of -Diagnoses of Mild Schizophrenia-Chro -Physician's order of mg, one tablet in the one tablet in the mo and one half tablet in the evening; Lora times daily. -The November 20 was administered th -There was a six m review for client #2 -There was no evid psychotropic drug r c. Review on 11/8/1 revealed: -Admission date of -Diagnoses of Mild Intermittent Explosi Disorder. -Physician's order of mg, one capsule in 100 mg, one and of Risperidone 3 mg, Mirtazapine 15 mg, Trazodone HCL 150	18 of client # 2's record 7/1/06. Mental Retardation and onic Undifferentiated Type. dated 8/15/18 for Olanzapine 5 e morning; Olanzapine 10 mg orning; Lithium 300 mg, one in the morning and two tablets azepam 2 mg, one tablet two 18 MAR revealed client #2 he above medications. onths psychotropic drug dated 8/9/16. lence of a current six months eview for client #2.	,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-440					(X3) DATE SURVEY COMPLETED	
		B. WING		11/09/2018		
ME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
ECURII	NG RESOURCES FOR	CONSUMERS.	LLIER DRIVE			
		DURHAI	M, NC 27707			
X4) ID REFIX TAG	DEFICIENCY MU	MENT OF DEFICIENCIES (EACH JST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 121	Continued From pa	ge 2	V 121			
		he above medications. ence of a six months eview for client #3.				
	-The agency had a psychotropic drug r -The registered nur psychotropic drug r -He did not realize a do the psychotropic -The pharmacy use reviews for them. -He confirmed the s	se had been doing the eviews for a few years. a registered nurse could not				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	failed to ensure fac	et as evidenced by: on and interview, the facility ility grounds were maintained ractive and orderly manner.				
	PM of the facility re -Bathroom #1-The	8/18 at approximately 12:35 vealed the following issues: door knob was loose, the toile roken, blinds were broken and		A professional contractor completed all identified repairs for Bathroom #1, Bathroo #2, Client #1's bedroom and kitchen area of 11/19/2018.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-440					(X3) DATE SURVEY COMPLETED	
		B. WING	11/	11/09/2018		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
		1809 CO	LLIER DRIVE			
ECURIF	NG RESOURCES FOR	DURHAI	M, NC 27707			
(X4) ID PREFIX TAG	DEFICIENCY MU	MENT OF DEFICIENCIES (EACH JST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
V 736	Continued From pa	ige 3	V 736			
	was broken and wa and discolored, toile the paint was chipp -Client #1's bedroor -Kitchen area-There	net that surrounded sink area arped, linoleum was warped et bowl ran continuously and bed on the wall. m-The blinds were broken. e was rust on side of the nt was chipped on side of the				
	-He was aware of n issues with the grou -Client #2's bathroo month ago. -The pipes in that b be repaired. -He confirmed the f	Manager on 11/8/18 revealed: nost of the maintenance up home. om area was flooded about a pathroom area burst and had to facility was not maintained in a ve and orderly manner.				
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas of exposed to hot wate	804 FACILITY DESIGN AND acility shall be designed, supped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.				
	failed to maintain th	et as evidenced by: ion and interview the facility ne facility water temperature egrees Fahrenheit. The		Property management sent out a professional contractor to adjust the water temperature in th home on 11/12/2018.	e	
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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:           MHL032-440		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 11/09/2018		
		MHI 032-440					
AME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
ECURIN	IG RESOURCES FOR	R CONSUMERS. I	M, NC 27707				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH		ID	PROVIDER'S PLAN OF CORRECTION (EA			
PREFIX TAG		JST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SH REFERENCED TO THE DEFICIEN	E APPROPRIATE	COMPLET DATE	
V 752	Continued From page 4		V 752				
	approximately 12:3 -Bathroom #1 wate degrees Fahrenhei -Bathroom #2 wate degrees Fahrenhei Interview on 11/8/18 -He did not realize to were too hot. -The clients and/or him about the wate bathrooms. -He confirmed the f	r temperature was 123 t. r temperature was 123 t. 8 with the Manager revealed: the water in the bathrooms staff had not complained to r being too hot in both facility failed to maintain the prature between 100-116					

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