Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3)			3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COWIFE	EIED		
		MHL018044	B. WING			13/2018	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SPECIAL UNION HOME			JNION STREE	Т			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was 13, 2018. Deficiencies	s completed on December s were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 119	V 119 27G .0209 (D) Medication Requirements		V 119				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		MHL018044	B. WING		12/1	3/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPECIAL UNION HOME 704 EAST U MAIDEN, NO			UNION STREE IC 28650	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 119	Continued From page	÷ 1	V 119			
	were disposed of in a against diversion or a 3 of 3 clients (Clients are: Review on 12/13/18 or revealed: -9/16/18, physician or	ew, observation and railed to ensure all prescription medications manner that guarded accidental ingestion affecting #1, #2 and #3). The findings of Client #3's record rder for diazepam (Valium) 2 et every morning for anxiety				
	Observation on 12/12 -1 diazepam pill pack at 4:00 pm with a disp 1 diazepam pill prese the top middle shelf of closet with expired not and empty prescribed -3 expired non-prescri contained in a plastic -Neosporin, expired -Benadryl itch stopp 11/2018; -A store brand Aller 12/2018; -1 bottle of Hydrogen expired in 4/2018.	2/18 at 1:58 pm revealed: I labeled ½ tab (1 mg) daily pense date of 10/28/18 and ent in the pack and found on of the facility's medication pen-prescription medications di medication bottles; ription medications bag were: I in 10/2018; ping cream, expired in gy Relief, expired in Peroxide first aid antiseptic,				
	Manager revealed: -The protocol for expi to throw the expired r new medications;	with the Assistant House ired house medications was medications away and buy medications were to be				

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DIVISION	n nealth Service Regu	iation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			7. BOILDING.			
		MHL018044	B. WING		12/1	3/2018
	201/1858 08 01/1881 158	0.70557.4		TE 710 0005		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
SPECIAL	UNION HOME		T UNION STREE	Т		
		MAIDEN,	NC 28650			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
V 119	Continued From page	. 2	V 119			
V 113	Continued From page	; 2	V 119			
	turned into the main of	office for disposal;				
		Manager were responsible				
		office at least once weekly				
		•				
		s and to drop off any expired				
	prescription medication					
		on the 9th and did not get				
	the expired medicatio	ns into the office;"				
	-Client #3's diazepam	ı was a controlled				
	medication and shoul	d have been placed into a				
	separate locked box until returned to the main office for disposal;					
	•	of locking the diazepam up				
		or locking the diazepain up				
	separately.					
	Interview on 19/19/19	with the Lleves Manager				
		with the House Manager				
	revealed:					
		diazepam dose at 4:00 pm				
	on 11/26/18 because	she was at the local				
	emergency room due	to a fall;				
	 -The pill pack should have been secured in a separate lock box when the new pill pack was opened; -She had the Assistant House Manager put the diazepam pill pack in a separate locked 					
medication box;						
	-She and the Assistant House Manager came to					
	the main office at leas	•				
	-She would follow up	on the expired				
	non-prescribed medic	cations at the facility.				
	Interview on 12/13/18	with the Administrator				
	revealed:					
		s came to the main office				
		erwork and could bring any				
	medications to the off					
		ice mai needed to be				
	disposed of.					
V 131	G.S. 131E-256 (D2) H	HCPR - Prior Employment	V 131			
	Verification					

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL018044	B. WING		12	2/13/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
SPECIAL	UNION HOME		T UNION STREET	7			
	Т		, NC 28650				
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 131	Continued From page	÷ 3	V 131				
	REGISTRY (d2) Before hiring health care facility or health care facility shows the personnel Registry at of access in the approximate of accessed be filed to ensure that the personnel, the Health (HCPR) be accessed be filed in the approp of 3 audited staff (State of access of acc	as evidenced by: ew and interview, the facility before employment of Care Personnel Registry and each incident of access riate business file affecting 1 fff #5). The findings are: of Staff #5's personnel upport Associate ssed. with the Administrator the HCPR needed to be					
	-The company was tr records;	ansitioning to electronic to ensure the HCPR is					

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