

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRESTVIEW GROUP HOME #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>635 CRESTVIEW DRIVE BURLINGTON, NC 27217</b>		
(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 January 10, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600 A Supervised Living for Adults with Mental Illness.	V 000		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that a 6 month medication regimen review was conducted every 6 months for clients being prescribed psychotropic medications affecting 3 of 3 audited current clients (#1 #2 #3). The findings are:  Review on 1/10/19 of Client #1's record revealed the following information; -- Admitted to the facility on 8/18/10.	V 121		

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

TITLE

(X6) DATE

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V 121	<p>Continued From page 1</p> <p>-- Diagnoses include Schizophrenia, Type II Diabetes, Hypertension, Obesity, Hyperlipidemia, Hypothyroid, Polycystic Disease and Chronic Knee Pain.</p> <p>-- Psychotropic medications being administered to Client #1 include Abilify, Cogentin and Klonopin.</p> <p>-- The last 6 month medication regimen review was completed on 1/24/17.</p> <p>Review on 12/13/18 of Client #2's record revealed the following information;</p> <p>-- Admitted to the facility on 3/5/18.</p> <p>-- Diagnoses include Schizoid Disorder, Schizophrenia, Bipolar Disorder, Type II Diabetes, Anemia, Constipation, Hyperlipidemia, Hemorrhoids and Degenerative Disc Disorder.</p> <p>-- Psychotropic medications being administered to Client #2 include Abilify, Lithium Carbonate, Clozaril and Cogentin.</p> <p>-- No evidence that a 6 month medication regimen review was completed.</p> <p>Review on 12/13/18 of Client #3's record revealed the following information;</p> <p>-- Admitted to the facility on 7/18/17.</p> <p>-- Diagnoses include Post Traumatic Stress Disorder, Borderline Personality Disorder, Depression, Anxiety, Night Terrors, Inhalant Use Disorder, Alcohol Use Disorder, Opioid Use Disorder, Sedative Hypnotic Use Disorder, Amphetamine Use Disorder, Asthma, Acne, Vitamin D &amp; B-12 Deficiency, High Cholesterol, High Blood Sugar, Constipation and Chronic Nausea. Gastroesophageal Reflux Disease, Constipation and Dyslipidemia.</p> <p>-- Psychotropic medications being administered to Client #3 include Doxepin, Adderall and Lexapro.</p> <p>-- No evidence that a 6 month medication</p>	V 121		

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V 121	Continued From page 2  regimen review was completed.  Interview on 1/10/19 with the Group Home Manager revealed the following information; -- She confirmed that the 6 month medication reviews were 2 years behind. -- There had been some issues going on at the Pharmacy including the death of the Pharmacist. -- She would contact the Pharmacy and have them scheduled as soon as possible.	V 121			