

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>12/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EVERYDAY LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>166 RUDD TRAIL ROAD HOLLISTER, NC 27844</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed 12/20/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.</p>	V 000	V 118	
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p>The overseeing QP will continue to complete regular monthly monitoring and supervisions at the facility; additional medication reviews will be conducted weekly by the overseeing QP for the next 90 days. Medication reviews will include the overseeing QP and Licensee reviewing each member's physician order, MAR, and medication labels to ensure they correspond and match up. The Licensee will inform overseeing QP of any medication changes and the supply overseeing QP with updated prescriptions. The Licensee will maintain current copies of all physician orders and supply copies to the overseeing QP. The Licensee will ensure that all doctor's orders are transcribed to pharmacy correctly the same day the medications are received from the pharmacy by verifying medication labels with the doctor's order from the prescribing physician for each of the members of the facility. The Licensee will inquire and request a copy of all prescriptions the day an order is written.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATE FORM 6899 5STP11 DHSR - Mental Health If continuation sheet 1 of 4

JAN 16 2019

Lic. & Cert. Section

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure one of one client (#1) medication was administered on the written order of a physician. The findings are:</p> <p>Review on 12/19/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted to the facility 10 years ago</li> <li>- diagnoses of Schizoffective Disorder; Seizures and Moderate Intellectual Developmental Disorder.</li> <li>- a physician's order dated 9/25/18 "Trazadone 300mg 3 by mouth bedtime (QHS) PRN" (can treat depression)</li> </ul> <p>Review on 12/20/18 of a fax dated 12/20/18 sent to the Division of Health Service Regulation revealed:</p> <ul style="list-style-type: none"> <li>- a physician's order for client #1</li> <li>- "...[client #1] has been ordered Trazadone 300mg QHS since 9/25/18..."</li> </ul> <p>Review on 12/19/18 of November &amp; December 2018 of client #1's MAR revealed:</p> <ul style="list-style-type: none"> <li>- Trazadone was administered nightly</li> </ul> <p>Observation on 12/19/18 at 5:17pm of client #1's medication box revealed:</p> <ul style="list-style-type: none"> <li>- Trazadone label: 300mg 3 by mouth QHS (PRN)</li> </ul> <p>During interview on 12/19/18 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- client #1's Trazadone was changed from</li> </ul>	V 118	<p>V118 Continued from page 1.</p> <p>On 12/20/2018, the Licensee contacted the prescribing Doctor's office in reference to the Doctor's order prescribing the medication, Trazadone to be taking nightly. The prescribing physician supplied a written statement which is included. The overseeing QP requested a copy of the prescription of medication Trazadone on 1/7/2019.</p>	
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V 118	Continued From page 2 PRN to nightly - she was not able to locate the physician's order - she contacted the pharmacy and they did not have a physician's order for Trazadone to be administered nightly - she should have caught the medication error - the Qualified Professional reviewed the MARs monthly - she would contact the physician's office on tomorrow (12/20/18)	V 118		
V 762	27G .0304(d)(1) Client Bedrooms  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure bedroom space had at least 160 square feet for single occupancy for 1 of 1 client (#1). The findings are:  Review on 12/19/18 of the facility's public record maintained by Division of Health Service Regulation (DHSR) revealed: - Licensed for 3 clients - Initial licensure application dated August 16, 2013 included a facility floor plan -total of 3	V 762	V 762  As of 8/28/18, the current member has her own bedroom with the correct square footage. Both smaller bedrooms have been reviewed by the construction department. On October 17, 2018 DHSR Construction Section conducted a Biennial Follow-up Survey and determined that all deficiencies have been corrected. Also, Paul Dixon, Architectural/Engineering Technician measured the rooms in question and stated that each room is with the allowable limits per DHSR regulations and rules. Licensee will complete the application request to reduce the license from three occupancies to two occupancies. The licensee has begun the change in licensure application packet process.	

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V 762	<p>Continued From page 3</p> <p>bedrooms (master suite with estimated space of 192 square feet, a second bedroom estimated 120 square feet and a third bedroom with an estimated 140 square feet of living space) ...the master suite and one smaller bedroom identified as client designated bedrooms.</p> <p>Observation on 12/19/18 between 4:47pm &amp; 4:54pm revealed:</p> <ul style="list-style-type: none"> <li>- a master bedroom with bath</li> <li>- clothing throughout the master bedroom</li> <li>- medication bottles on nightstand in the master bedroom</li> <li>- 2 smaller bedrooms (one occupied by client #1 &amp; the other bedroom was empty)</li> </ul> <p>During interview on 12/20/18 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she and her husband occupied the master bedroom</li> <li>- the master bedroom &amp; the empty bedroom were the bedrooms approved by construction</li> <li>- prior to residing in the master bedroom, she slept in the bedroom client #1 currently occupied</li> <li>- client #1's bedroom had not been approved by construction</li> <li>- she planned to contact construction to get client #1's bedroom approved</li> <li>- if client #1's bedroom was approved by construction, she wanted to decrease her capacity to 2 clients</li> <li>- she and her husband would then occupy the master bedroom</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 762	<p>V 762 Continued from page 3</p> <p>Enclosed is a letter from Paul Dixon stating that the smaller rooms are within DHSR allowable limits per square footage.</p> <p>The licensee requested that Mr. Dixon measure the square footage of each of the smaller bedrooms when he was at the facility on 10/17/2018.</p>	



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK PAYNE** • Director, Division of Health Service Regulation

October 17, 2018

Angie Richardson-(via e-mail only)  
166 Rudd Trail Road  
Hollister, NC 27844

RE: Everyday Living - MHL Biennial Construction Survey  
166 Rudd Trail Road  
Hollister Warren County  
FID # 130388 Mh1042-073

Dear Ms. Richardson:

You have provided DHSR-Construction Section with an acceptable Plan of Correction. On October 17, 2018 a Follow-Up Biennial Survey was conducted at your facility by Division of Health Service Regulation (DHSR) - Construction Section. As a result of the survey no deficiencies were noted at this time. We continue DHSR - Construction Section's recommendation of approval for three ambulatory clients (who are able to respond and evacuate without verbal or physical assistance during an emergency).

The Licensee must notify the Division of Health Service Regulation - Mental Health Licensure Section in writing when changes occur in the building physical plant, resident ambulation status or when the total capacity of the home plans to increase.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes. Please do not hesitate to call us if you have questions or if we can be of further assistance.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705  
[www.ncdhs.gov/dhsr/](http://www.ncdhs.gov/dhsr/) • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

*How are we doing? Please take a few minutes to complete our customer service survey, so we may better serve you.*

*Cut and paste the link in your browser: <http://www.ncdhhs.gov/dhsr/customerservice.html>, click on the link, then scroll down to "Construction Section" and click on "Survey of Adult Care Home, Family Care or Mental Health Group Home (excludes ICF/IIC) Survey". We appreciate your time and effort.*

Sincerely,

*Paul Dixon*

Paul Dixon  
Architectural/Engineering Technician  
DHSR - Construction Section

cc: DHSR - Mental Health Licensure Section  
County Building Inspection Department-(via e-mail only)

Division of Health Service Regulation

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{V 000}	<p><b>INITIAL COMMENTS</b></p> <p>Report by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Follow-Up Survey on October 17, 2018 from 1:15 PM to 1:45 PM at the above referenced facility. All previously cited deficiencies were verified as being corrected; therefore no further action is required.</p>	{V 000}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Rx Tracer #:f6d551d9f852420e92c0450054d70cd2  
Prescriber#:f6d551d9f852420e92c0450054d70cd2

Rx Nbr: 01381990

Electronic Information For New Prescription From The Prescriber

Patient: [REDACTED]  
166 RUDD TRAIL ROAD  
HOLLISTER, NC 27844

Phone: [REDACTED]  
Birth: [REDACTED]  
Gender: [REDACTED]

Prescriber: MAMEDI MD, RAVINDER  
Agent Name:

DEA #: LIC: 9801704  
NPI #: 1972554541 Sender ID: 6822832732004

Address: 321 NC HIGHWAY 125 Phone: (252) 537-8400  
ROANOKE RAPIDS, NC 278706445

Electronically Signed By: RAVINDER MAMEDI

Written: 12/20/2018 Effective:

Sent: 12/20/2018 10:05am Intended Phy: DRUGCO DISCOUNT PHARMACY

Drug: TRAZODONE HCL 100 MG ORAL TABLET

Notes:

Diagnosis:

Qty: 90 Refills: 2 DAW: 0

PUC: TABLET

SIG: Take 3 tablets by mouth daily at bedtime for sleep

Free Text:



## Kimberly Moody

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**From:** Angie Richardson <angierichardson411@yahoo.com>  
**Sent:** Monday, January 07, 2019 11:18 AM  
**To:** Kimberly Moody  
**Subject:** Fwd: Everyday Living FID 130388

CAUTION: External email. Do not click on links or open attachments unless you recognize the sender and know the content is safe.  
If you believe this is a malicious email, please forward it to Report Phishing.

Sent from my iPhone

Begin forwarded message:

**From:** "Dixon, Paul T" <[paul.dixon@dhhs.nc.gov](mailto:paul.dixon@dhhs.nc.gov)>  
**Date:** January 7, 2019 at 11:10:29 AM EST  
**To:** "[angierichardson411@yahoo.com](mailto:angierichardson411@yahoo.com)" <[angierichardson411@yahoo.com](mailto:angierichardson411@yahoo.com)>  
**Subject:** RE: Everyday Living FID 130388

Ms. Richardson, as to you inquiry of last week I have found the following:

1. At the time of Initial Licensure, the entire home was licensed, not just the Client areas.
2. The home had 3 bedrooms, one of which could house 2 clients and the other two rooms, 1 client each.
3. I understand you were using one of the one client rooms for your own use, but now are using the 2 client bedroom.
4. This leaves only enough bedroom space for 2 clients.

This will require that you reduce your capacity from 3 to 2 clients.

Paul T. Dixon  
Architectural Engineering Technician  
Division of Health Service Regulation, Construction Section  
NC Department of Health and Human Services

Office: 919-855-3900  
Cell: 919-218-5417  
Fax: 919-733-6592  
[paul.dixon@dhhs.nc.gov](mailto:paul.dixon@dhhs.nc.gov)

1800 Umstead Drive, Williams Building  
2705 Mail Service Center  
Raleigh, NC 27603

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