		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		04/40/0040	
	ROVIDER OR SUPPLIER	MHL081-111	ADDRESS, CITY, STATE		01/10/2019	
		795 SPI		,21 0002		
PEACE IN	THE CITY HOUSE OF L	LOVE SPINDA	LE, NC 28160			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLE	
V 000	INITIAL COMMENTS	5	V 000			
		v up survey was completed . Deficiencies were cited.				
		ed for the following service 2 27G .1300 Residential en or Adolescents.				
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan					
	shall be approved by authority. (b) The plan shall be	lan shall be developed and the appropriate local made available to all staff				
	posted in the facility. (c) Fire and disaster	edures and routes shall be drills in a 24-hour facility quarterly and shall be				
	repeated for each sh under conditions tha	ift. Drills shall be conducted t simulate fire emergencies. I have basic first aid supplies				
		as evidenced by: iew and interview, the facility and disaster drills were held				
		d repeated for each shift. The				
	-No fire drills were co -3rd shift weekday	the fire drill log revealed: onducted: during 1st quarter, 2018				
	(January-March); -2nd shift weekday	and 1st and 2nd shifts				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MUI 094 111					
		MHL081-111	B. WING		01	/10/2019
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
PEACE IN	THE CITY HOUSE OF L	.OVE	NDALE STREET LE, NC 28160			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page 1		V 114			
V 114 Continued From page 1 weekend during 2nd quarter, 2018 -2nd shift weekday during 3rd qua (July-September); -2nd shift weekday and 2nd shift during 4th quarter, 2018 (October-I Review on 1/9/19 of the disaster dr -No disaster drills were conducted: -2nd shift weekday and 2nd shift during 1st quarter, 2018 (January-N -3rd shift weekday and 2nd shift during 2nd quarter, 2018 (April-Jun -3rd shift weekday and 1st and 2n weekend during 3rd quarter, 2018 (July-September); -3rd shift weekday during 4th qua (October-December).		during 3rd quarter, 2018 and 2nd shift weekend 018 (October-December). the disaster drill log revealed: ere conducted: and 2nd shift weekend 018 (January-March); and 2nd shift weekend 2018 (April-June); and 1st and 2nd shifts quarter, 2018 during 4th quarter, 2018				
	revealed: -Fire and disaster dri facility at different tim -A fire drill was done -When they practiced the front or side door fence in the front yar	"sometime" in 12/2018; d fire drills, they went outside and met at the corner of the				
	-She had a meeting and she would work	with the Executive ofessional (ED/QP) revealed: with staff on this date 1/10/19 with staff to schedule and disaster drills as required.				
V 118	27G .0209 (C) Medic	cation Requirements	V 118			
	10A NCAC 27G .020 REQUIREMENTS	9 MEDICATION				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED 01/10/2019	
	MHL081-111					
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
PEACE IN	THE CITY HOUSE OF I	OVE	NDALE STREET LE, NC 28160			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From pag	je 2	V 118		·	
	 only be administered order of a person audrugs. (2) Medications shall clients only when auclient's physician. (3) Medications, incl administered only by unlicensed persons pharmacist or other privileged to prepare (4) A Medication Adrall drugs administered current. Medications recorded immediated MAR is to include th (A) client's name; (B) name, strength, a (C) instructions for a (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recorded in the formation of t	on-prescription drugs shall d to a client on the written thorized by law to prescribe I be self-administered by thorized in writing by the uding injections, shall be v licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of ed to each client must be kept administered shall be ly after administration. The				
	interview, the facility administered to clier	t as evidenced by: iew, observation and failed to ensure medications nts were on the written order ed by law to prescribe drugs.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL081-111		B. WING			
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		[U1	/10/2019
		795 SPI		,211 0002		
PEACE IN	THE CITY HOUSE OF L	OVE SPINDA	LE, NC 28160			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 3	V 118			
	Review on 1/9/19 of Date of admission: 1 -No signed physician Suspension, 10,000 daily to treat thrush; -No signed physician apply once a week for Review on 1/9/19 of through December 2 -Nystatin Oral Suspe MARs as a PRN (as -No staff initials that I was administered for reviewed; -Staff initialed the Xu to Client #2 once a w Review on 1/9/19 of Date of admission: 8 -No physician order f mg. once every morr -A copy of pharmacy Estra (Norgestimate- for birth control with a Practitioner's signatu Review on 1/9/19 of through December 2 -12/1/18 at 7 am dos Prazosin; -12/9/18 at 7 am dos Norg-Ethin Estra. Observation on 1/9/1 medications revealed -The medication bott	Client #2's record revealed: 0/2018 order for Nystatin Oral units, 5 milliliters (ml) 4 times order for Xulane Patch, or birth control. Client #2's October, 2018 018 MARs revealed: nsion was identified on the needed) medication; Nystatin Oral Suspension the aforementioned months lane Patch was administered reek. Client #3's record revealed: /30/18 for Prazosin (Minipress) 1 ning for high blood pressure. information for Norg-Ethin Ethinyl Estradiol) once daily a Certified Family Nurse re but no date signed; Client #3's October, 2018 018 MARs revealed: e time, start date of the e time, start date of the 9 at 10:44 am of Client #2's				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CC			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL081-111	B. WING	·····	01	/10/2019	
ME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE			
EACE IN	THE CITY HOUSE OF L	OVE					
			LE, NC 28160	PROVIDER'S PLAN (0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page	e 4	V 118				
	-She had a medication -She took Nystatin fo used this medication -She had an Epineph peanut allergy and us breathe when she had were PRN medication Interview on 1/9/19 w -She went to her door scheduled; -She had no problem Interview on 1/10/19 Director/Qualified Pro- -The Medication Lead town when Client #2 and the Nystatin was PRN by another staff -Staff would follow up an order for Client #2 to PRN;	arine Auto-injector for her sed Albuterol to help her id allergies and both these ns. with Client #3 revealed: tor appointments as as with her medications. with the Executive ofessional (ED/QP) revealed: d Staff (Staff #7) was out of was admitted to the facility put on the MAR sheet as ; o with Staff #7 about getting c's Nystatin to be "switched" with Staff #7 about ensuring					