STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
		MHL040-028	B. WING		R <b>01/25/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 01/2	.0/2013
			HORSE RD	,		
KRYSTAL	'S HOUSE LLC	PIKEVILLE	E, NC 27863			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on January 25, 2019. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Mental Illness.					
V 118	V 118 27G .0209 (C) Medication Requirements		V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL040-028		B. WING			R 01/25/2019	
NAME ∩E P	ROVIDER OR SUPPLIER	STREET A	.DDRESS, CITY, STA	TE ZIP CODE	, -	
NAME OF T	NOVIDER OR 3011 EIER		E HORSE RD	TE, ZII GODE		
KRYSTAL	'S HOUSE LLC		LE, NC 27863			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	÷ 1	V 118			
	facility failed to admin written order of a phy clients (#3). The find Review on 01/25/19 of revealed: -70 year old female. -Admission date of 05 -Diagnoses of Schizo Mental Retardation, F	ews and interviews, the hister medications on the sician affecting one of three ings are:  of client #3's record  0/19/07. phrenia Paranoid Type, Mild Persistent Hypokalemia.  of client #3's Physician order				
	Review on 01/24/19 of MAR revealed: -Zyprexa 10mg Take bedtime.	of client #3's January 2019 1 tablet by mouth at				
	revealed:	of client #3's medication  Zyprexa 10mg Take one by				
	During interview on 0 familiar with any of he changes in her medic					
	During interview on 0 revealed:	1/25/19 the Licensee				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE	1 01/20/2010
			E HORSE RD	2,2 0002	
KRYSIAL	'S HOUSE LLC	PIKEVIL	LE, NC 27863		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	Continued From page	2	V 118		
	of medication she was -She was unable to lot the change from 2 tabShe would contact of determine the correct.  Due to the failure to a medication administration.	ng to decrease the amount son. cate the prescription with olets to one tablet. ient #3's physician to amount of medication. ccurately document attion it could not be eceived their medications			
V 121	27G .0209 (F) Medica	ition Requirements	V 121		
	governing body or oper for obtaining a review regimen at least every shall be to be perform physician. The on-site the client's physician the review when med	es psychotropic drugs, the erator shall be responsible of each client's drug y six months. The review ed by a pharmacist or manager shall assure that is informed of the results of ical intervention is indicated. It is drug regimen review shall ent record along with			
	This Rule is not met a Based on record revie facility failed to obtain 3 of 3 clients (#1, #2 a psychotropic drugs. T	ews and interview, the a drug regimen reviews for and #3) who received			

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MHL040-928  MHL040-928  In WING IN WIN WING In	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  33 WHITE HORSE RD PIKEVILLE, NC 27863  WHITE HORSE RD PIKEVILLE, NC 27863  PREPRIX TAG  PREPRIX TAG  CALP DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V121  Continued From page 3  Finding #1: Review on 01/25/19 of client #1's record revealed: - Admission date of 08/25/09. Diagnoses of Schizophrenia Paranoid Type, Diabetes, Hypertension, Renal Insufficiency, Breast Cancer and Anemia The most recent documented drug regimen review was completed on 04/2018.  Review on 01/24/19 of client #1's most recent medication revealed: - Aspirin 8 Img Lantus 100 units - Cozarr 100mg - Multivitamin - Miralax Powder - Zocor 40mg - Lasix 20mg - Magnesium Oxide 400mg - Novolin 70/30 - Ferrous Gluconate 324mg - Neurontin 100mg - Haldol 5mg - Risperdal 2mg - Arcane 5mg  Finding #2: Review on 01/25/19 of client #2's record revealed: - Review on 01/25/19 of client #2's record revealed: - Review on 01/25/19 of client #2's record revealed: - Finding #2: Review on 01/25/19 of client #2's record revealed:			A. BOILDING.			
SUMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCIES     C(44) ID	MHL040-028			B. WING		I
(A4) ID (A5) I	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	-
CALID   SUMMARY STATEMENT OF DEFICIENCES   D   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFEX REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY      V 121   Continued From page 3	I/D\/OTAI	10 1101105 1 1 0	83 WHIT	E HORSE RD		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 121  Continued From page 3  Finding #1: Review on 01/25/19 of client #1's record revealed: - Admission date of 08/25/09 Diagnoses of Schizophrenia Paranoid Type, Diabetes, Hypertension, Renal Insufficiency, Breast Cancer and Anemia The most recent documented drug regimen review was completed on 04/2018.  Review on 01/24/19 of client #1's most recent medication revealed: - Aspirin 81 mg - Lantus 100 units - Cozarr 100mg - Metoprolol Tartrate 50mg - Multivitamin - Miralax Powder - Zocor 40mg - Lasix 20mg - Magnesium Oxide 400mg - Novolin 70/30 - Ferrous Gluconate 324mg - Neurontin 100mg - Haldol 5mg - Risperdal 2mg - Arcane 5mg Finding #2: Review on 01/25/19 of client #2's record revealed:	KKYSIAL	2 HOUSE LLC	PIKEVIL	LE, NC 27863		
Finding #1: Review on 01/25/19 of client #1's record revealed: - Admission date of 08/25/09 Diagnoses of Schizophrenia Paranoid Type, Diabetes, Hypertension, Renal Insufficiency, Breast Cancer and Anemia The most recent documented drug regimen review was completed on 04/2018.  Review on 01/24/19 of client #1's most recent medication revealed: - Aspirin 81mg - Lantus 100 units - Cozarr 100mg - Metoprolol Tartrate 50mg - Multivitamin - Miralax Powder - Zocor 40mg - Lasix 20mg - Magnesium Oxide 400mg - Novolin 70/30 - Ferrous Gluconate 324mg - Neurontin 100mg - Haldol 5mg - Risperdal 2mg - Arcane 5mg  Finding #2: Review on 01/25/19 of client #2's record revealed:	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE COMPLETE
Review on 01/25/19 of client #1's record revealed:  - Admission date of 08/25/09.  - Diagnoses of Schizophrenia Paranoid Type, Diabetes, Hypertension, Renal Insufficiency, Breast Cancer and Anemia.  - The most recent documented drug regimen review was completed on 04/2018.  Review on 01/24/19 of client #1's most recent medication revealed:  - Aspirin 81mg - Lantus 100 units  - Cozarr 100mg - Metoprolol Tartrate 50mg - Multivitamin  - Miralax Powder - Zocor 40mg - Lasix 20mg - Magnesium Oxide 400mg - Novolin 70/30 - Ferrous Gluconate 324mg - Neurontin 100mg - Haldol 5mg - Risperdal 2mg - Arcane 5mg  Finding #2: Review on 01/25/19 of client #2's record revealed:	V 121	Continued From page	e 3	V 121		
- Admission date of 04/04/06 Diagnoses of Psychotic Disorder, Insomnia, Respiratory Failure, Hypertension, Hypothyroidism, Osteoporosis, Mild Mental Retardation, Hyperlipidemia, Diabetes, Depression, Anxiety, Dementia and	V 121	Continued From page 3 Finding #1: Review on 01/25/19 of client #1's record revealed: - Admission date of 08/25/09 Diagnoses of Schizophrenia Paranoid Type, Diabetes, Hypertension, Renal Insufficiency, Breast Cancer and Anemia The most recent documented drug regimen review was completed on 04/2018.  Review on 01/24/19 of client #1's most recent medication revealed: - Aspirin 81mg -Lantus 100 units -Cozarr 100mg -Metoprolol Tartrate 50mg -Multivitamin -Miralax Powder -Zocor 40mg -Lasix 20mg -Magnesium Oxide 400mg -Novolin 70/30 -Ferrous Gluconate 324mg -Neurontin 100mg -Haldol 5mg -Risperdal 2mg -Arcane 5mg  Finding #2: Review on 01/25/19 of client #2's record revealed: - Admission date of 04/04/06 Diagnoses of Psychotic Disorder, Insomnia, Respiratory Failure, Hypertension, Hypothyroidism, Osteoporosis, Mild Mental Retardation, Hyperlipidemia, Diabetes,		V 121		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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		MHL040-028	B. WING		01/25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		83 WHITI	E HORSE RD		
KRYSTAL	'S HOUSE LLC		E, NC 27863		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
			+		
V 121	Continued From page	e 4	V 121		
	Review on 01/25/19 of	of client #2's most recent			
	medication revealed:				
	-Norvasc 5mg				
	-Calcium 600mg				
	-Aricept 10mg				
	-Lexapro 10mg				
	-Synthroid 0.175mg				
-Lialda 1.2gm -Zestril 5mg -Prilosec 40mg -Pravachol 20mg -Eliquis 5mg -Haldol 5mg					
	-Tylenol 325mg -Abilify 10mg -Cogentin 1mg -Desyrel 50mg  Finding #3 Review on 01/25/19 of client #3's record revealed: -Admission date of 09/19/07.				
-Diagnoses of Schizophrenia Paranoid Type, Mild Mental Retardation, Persistent Hypokalemia -The most recent documented drug regimen review was completed on 04/2018.					
	Toviow was completed	011 0 1120 10.			
Review on 01/24/19 of client #2's most recent medication revealed: -Aspirin 81mg -Ferrous Sulfate 325mg					
	-Vitamin D 2000 units -Mobic 15mg				
	-Prilosec 20mg				
	-Miralax Powder				
	-Valium 5mg				
	-Depakote 250mg				
	-Voltaren 1% gel				
-Carafate 1gm		1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
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		MHL040-028	B. WING		01/	25/2019
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
KRYSTAL	'S HOUSE LLC		HORSE RD E, NC 27863			
(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 IE APPROPRIATE	(X5) COMPLETE DATE
V 121	-Zyprexa 10mg -Seroquel 100mg  During interview on 0 revealed: -The drug regimens h -She was unable to lot the survey.	1/25/19 the Licensee ad been completed. cate them during the time of	V 121			

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