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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL014-077	B. WING		01/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SCI-MEMO	DRY LANE	2910 MEN LENOIR, I	IORY LANE			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on January 18, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living-Alternative Family Living.					
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 administering the drug. (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.					

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

TITLE (X6) DATE Division of Health Service Regulation

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			A. BUILDING			
MHL014-077		B. WING		01/18/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SCI-MEMO	DRY LANE	2910 MEN Lenoir, I	MORY LANE NC 28645			
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
V 118	Continued From page	2 1	V 118			
		ews and interviews, the				
	administered as prese	e that medications were cribed on the written order of affecting 2 of 2 clients and Client #2).				
	-an admission date of -diagnoses of Post-Ti	raumatic Stress Disorder, nental Disability, Moderate				
	Administration Record 2018 through January	ns (mg) - 2 tablets in the				
	dated 3/6/18 revealed	Client #1's physician orders d: ablet or capsule Tremors As				
	Interview on 1/17/18 revealed: -Client #1 took Benac with her hands shakir	dryl everyday as this helped				
	-an admission date of -diagnoses of Obsess Intellectual Developm	sive Compulsive Disorder,				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL014-077		B. WING		01/18/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	-	
SCI-MEMO	DRY LANE	2910 MEM LENOIR, N	ORY LANE IC 28645			
(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 118	Defiant Disorder, Pan Depressive Disorder, Cholesterol, and Acid Review on 1/17/19 of November 2018 throughed in the Cholesterol in the Cholestero	sic Disorder, Major Seizure Disorder, High Reflux. Client #2's MARs from agh January 2019 revealed: all tablet 2 times a day was ag - one tablet 2 times a day 50 mg - one tablet in the at bedtime were initialed Client #2's physician orders aled: all tablet 3 times a day as ag - take by mouth 50 mg - take 1 tablet at anen 2 tablets by mouth at with the Qualified all: ay at least once a month adications and the MARs any concerns with the actor's orders for either tutes a re-cited deficiency	V 118			
V 119	27G .0209 (D) Medica	ation Requirements	V 119			
	10A NCAC 27G .0209 REQUIREMENTS	9 MEDICATION				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		A. BUILDING:		COMPLETED		
MHL014-077		B. WING		01/18/2019		
<u> </u>					1 0 11 10 20 10	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
SCI-MEMO	ORY LANE		MORY LANE			
	-	LENOIR,	NC 28645			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
		,		DEFICIENCY)		
V 119	Continued From none	. 2	V 119			
V 119	Continued From page	: 3	V 119			
	(d) Medication dispos	al:				
	(1) All prescription an					
		isposed of in a manner that				
		ion or accidental ingestion.				
		bstances shall be disposed				
		shing into septic or sewer				
		to a local pharmacy for of the medication disposal				
	shall be maintained b	•				
		specify the client's name,				
	medication name, strength, quantity, disposal date and method, the signature of the person					
	disposing of medication	-				
	witnessing destruction					
		nces shall be disposed of in				
	accordance with the N	North Carolina Controlled				
	Substances Act, G.S.	90, Article 5, including any				
	subsequent amendme					
		f a patient or resident, the				
		er drug supply shall be				
		unless it is reasonably				
	-	ent or resident shall return				
		uch case, the remaining be held for more than 30				
	calendar days after th					
	odiciladi dayo ditoi ti	ie date of disoriarge.				
	This Rule is not met					
	Based on observation					
		mined the facility failed to				
	ensure prescription medications were disposed of					
in a manner that gua accidental ingestion		_				
	(Client #2). The findin	ys are.				
	Review on 1/18/19 of Client #2's record revealed:					

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-an admission date of 11/1/16

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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
SCI-MEM	ORY LANE		MORY LANE NC 28645				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 119	-diagnoses of Obsess Intellectual Developm Encopresis, Diabetes Defiant Disorder, Par Depressive Disorder, Cholesterol, and Acid Observation on 1/17/p.m. of Client #2's me-a box of the client's obaggie that held the oprescription medicat Promethazine 25 mill 11/18/16 - discard 11. dispensed 1/12/18 - olbuprofen 600 mg - di 2/27/18 - observed underneati was a bubble packet 3/16/17. Interview on 1/17/19 revealed: -the medications in the were old and he did manymore -he was waiting for the get rid of them. Interview on 1/17/19 revealed: -the pharmacy would	sive Compulsive Disorder, pental Disability, Mild, Mellitus, Oppositional pic Disorder, Major Seizure Disorder, High Reflux. 19 at approximately 3:00 edications revealed: current medications with a elient's expired medications in the baggie were grams (mg) - dispensed 1/18/17; Aripipraxole 15 mg - discard 1/12/19; and grams and grams (mg) and grams and grams (mg)	V 119				

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