STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-046	A. BUILDING: _____ B. WING _____	02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAIN STREET GROUP HOME	1224 SWAIN STREET N WILKESBORO, NC 28659

(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 February 1, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	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 record review and interview it was determined the facility failed to ensure psychotropic drug reviews were performed by a pharmacist or physician for one of three clients audited (Client #2). The findings are: Review on 2/1/19 of Client #2's record revealed: -admitted 2/22/97 -diagnoses of Mild Intellectual Developmental Disability, Anxiety, and Impulse Control Disorder.	V 121		

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V 121	Continued From page 1 Review on 2/1/19 of Client #2's physician orders dated 12/4/18 revealed: -Paroxetine 20 milligrams (mg) - one tablet each day -Buspirone HCL 15 mg - one tablet two times a day -Bupropion HCL SR 150 mg - one tablet two times a day -Alprazolam 0.5 mg - administer one hour prior to labs or injection appointments. Review on 2/1/19 of Cleint #2's most recent "Report of Health Service" dated 10/22/18 revealed: -"Continue current medications...No changes..." -Follow-up was to be in 6 months -the document was signed by a nurse practitioner. Interview on 2/1/19 with the facility President revealed: -she was not aware the physician or pharmacist had to sign the 6 month psychotropic drug reviews.	V 121		