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Division of Health Service Regulation

_ ` · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL014-076	B. WING		01	/25/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HOLLYBI	DOE	1417 HA	RPER AVENUE SV	I			
HOLLY RI	DGE	LENOIR	, 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 CORRECTION (X:  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
V 000	INITIAL COMMENTS		V 000				
	An annual survey was Deficiencies were cite	s completed on 1/25/19. ed.					
		-					
V 118	27G .0209 (C) Medica	ation Requirements	V 118				
	only be administered order of a person autidrugs.  (2) Medications shall clients only when auticlient's physician.  (3) Medications, incluadministered only by unlicensed persons tripharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name;  (B) name, strength, a (C) instructions for add (D) date and time the (E) name or initials of drug.  (5) Client requests for	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL014-076		MHL014-076	B. WING		01/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
HOLLY RI	HOLLY RIDGE 1417 HARPER AVENUE SW LENOIR, 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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	HOULD BE COMPLETE	
V 118	V 118 Continued From page 1 with a physician.  This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure prescription drugs were administered as ordered by the physician for 1 of 3 sampled clients (#2). The findings are:		V 118			
	Client #2 revealed: -Admission date of 8/ Schizophrenia, Bipola Hypertension, and Hy	* ·				
	Observation on 1/24/ 11:55am of the medic revealed: -No Vistaril 25mg pre	eations for Client #2				
	MAR for Client #2 rev -Vistaril 25mg docum medication on the 23 -Note on MAR comple	ented as out of the and 24 of January. eted by Staff #1 indicating armacy and the Vistaril				
		with Client #2 revealed: ications and did not recall ons.				

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Interview on 1/25/19 with the Qualified

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MIII 044 070	B. WING		0.1/0.7/0.10	
MHL014-076				01/2	25/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STATE  PER AVENUE S	,		
HOLLY RI	DGE	LENOIR, I		vv		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	LD BE COMPLETE	
V 118	Continued From page 2		V 118			
V 736	aware the Vistaril was -Staff should have no was out and she wou pharmacy to ensure t availableThe pharmacy would medication would be	n medical leave and not sout. tified her the medication ld have followed up with the he medication was I be contacted and the available for Client #2 today.	V 736			
	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.					
	was not maintained ir orderly manner. The Observation on 1/24/ of the client bathroom-Handicap accessible seat in right hand cor 12 inches long with multiple on 1/24/19	n and interviews, the facility in a clean, attractive and findings are:  19 at approximately 3:25pm in revealed: be bathroom, shower, behind iner an area approximately hold.  with Staff #1 revealed: of the mold issue in the				

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	3) DATE SURVEY COMPLETED	
MHL014-076 B. WING 01/25/20	)19	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
HOLLY RIDGE 1417 HARPER AVENUE SW LENOIR, NC 28645		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CORRECTION C	(X5) OMPLETE DATE	
V 736 Continued From page 3 Interview on 1/25/19 with the Qualified Professional revealed: -The facility had an issue with moisture about a year ago and had the area in the shower re-grouted and treatedShe was not aware of the current problem with mold, but would make sure it was resolved.		

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