Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R MHL040-028 01/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 83 WHITE HORSE RD KRYSTAL'S HOUSE LLC PIKEVILLE, NC 27863 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) 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. **DHSR** - Mental Health V 118 27G .0209 (C) Medication Requirements V 118 FEB 0 7 2019 10A NCAC 27G .0209 MEDICATION Lic. & Cert. Section 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 (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 file followed up by appointment or consultation with a physician. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUR 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	
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	This Rule is not met a Based on record revie facility failed to admini written order of a phys clients (#3). The findin Review on 01/25/19 of revealed: -70 year old femaleAdmission date of 09/-Diagnoses of Schizop Mental Retardation, Perevealed: 12/17/18 -Zyprexa 10mg Take 2 bedtime. Review on 01/24/19 of MAR revealed: -Zyprexa 10mg Take 1 bedtime. Review on 01/25/19 of revealed: -Label transcription: Zymouth at bedtime.	as evidenced by: ews and interviews, the ister medications on the sician affecting one of three ngs are: of client #3's record of 19/07. ohrenia Paranoid Type, Mild ersistent Hypokalemia. of client #3's Physician order of tablets by mouth at of client #3's January 2019 of tablet by mouth at	V 118	The shall be the police Krystal's House to check all does orders after lach Vis lespecially if there is verbal communication a medication changes duthe visit. It shall be the respect to have the group homer or to have the correct who order in each client refor all staff to use a administering medical and to be in compliant with all medication rements. Croup home owner has Contacted doctor for a updated written order	ctors sit, s about ving msibility wher when ecord Shen nes ce	
	familiar with any of her changes in her medicar	medications or any				

revealed:

During interview on 01/25/19 the Licensee

PRINTED: 01/28/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ R B. WING MHL040-028 01/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 83 WHITE HORSE RD KRYSTAL'S HOUSE LLC PIKEVILLE, NC 27863 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) It shall be the Policy of Krystal's House to check and re-check all doctors V 118 Continued From page 2 V 118 -Client #3's Physician had changed her medication due to trying to decrease the amount Orders, after each Visit aspecially if there is verbal Communication about Medication of medication she was on. -She was unable to locate the prescription with the change from 2 tablets to one tablet. -She would contact client #3's physician to determine the correct amount of medication. Changes,
It is the responsibility
of the owner to have the
Correct Medication order for
Stuff to follow, Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. V 121 27G .0209 (F) Medication Requirements V 121 10A NCAC 27G .0209 MEDICATION

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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

This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a drug regimen reviews for 3 of 3 clients (#1, #2 and #3) who received psychotropic drugs. The findings are:

corrective action, if applicable.

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MHL040-028 Revision Revision	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL040-928 B. WING OF PROVIDER OR SUPPLIER STREETADRESS, CITY, STATE, ZIP CODE 33 WHITE HORSE RD PIKEVILLE, NC 27883 WHITE HORSE RD PIKEVILLE, NC 27883 WHITE HORSE RD PIKEVILLE, NC 27883 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 Disposes of Schizophrenia Paranoid Type, Disposes, Hospital Strong and Coumented Grug 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 - Zoorr 40mg - Lasix 20mg - Magnesium Oxide 400mg - Novolin 70/30 - Ferrous Gluconate 324mg - 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 Relardation, Hypothyroidism, Osteoporosis, Mild Mental Relarda							D	
KRYSTAL'S HOUSE LLC (#4) ID PREFEX TAG (#4) ID PREFEX TAG (#5) ID PROFICE TAG (MHL040-028	B. WING		01		
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PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL 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 8 firmg - Lantus 100 units - Cozarr 100mg - Metoprolol Tartrate 50mg - Multivitamin - Miralax Powder - Zocor 40mg - Lask 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 Fallure, Hypertension, Hypothyrolidism, Osteoporosis, Mild Mental Retardation, Hypothyrolidamia, Discopare in the control of the cont	KRISIAL	S 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 - Metoprotol Tartrate 50mg - Multivitamin - Miralax Powder - Zocor 40mg - Lasix 20mg - Magnesium Oxide 400mg - Novolin 70/30 - Ferrous Gluconate 324mg - Meurontin 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,	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE	
		Finding #1: Review on 01/25/19 or revealed: - Admission date of 06-Diagnoses of Schizo Diabetes, Hypertension Breast Cancer and Arthe most recent door review was completed. Review on 01/24/19 of medication revealed: - Aspirin 81mg - Lantus 100 units - Cozarr 100mg - Metoprolol Tartrate 56-Multivitamin - Miralax Powder - Zocor 40mg - Lasix 20mg - Magnesium Oxide 40-Novolin 70/30 - Ferrous Gluconate 32-Neurontin 100mg - Haldol 5mg - Risperdal 2mg - Arcane 5mg Finding #2: Review on 01/25/19 of revealed: - Admission date of 04-Diagnoses of Psychology Respiratory Failure, Hy Hypothyroidism, Osteon Retardation, Hyperlipio	of client #1's record 8/25/09. Sphrenia Paranoid Type, Sphrenia Paranoid Type	V 121				

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-The most recent documented drug regimen

review was completed on 04/2018.

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PRINTED: 01/28/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING MHL040-028 01/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 83 WHITE HORSE RD KRYSTAL'S HOUSE LLC PIKEVILLE, NC 27863 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 121 V 121 Continued From page 4 Review on 01/25/19 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

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-Abilify 10mg -Cogentin 1mg -Desyrel 50mg

Finding #3

revealed:

Review on 01/25/19 of client #3's record

-Diagnoses of Schizophrenia Paranoid Type, Mild Mental Retardation, Persistent Hypokalemia -The most recent documented drug regimen

Review on 01/24/19 of client #2's most recent

-Admission date of 09/19/07.

medication revealed: -Aspirin 81mg

-Mobic 15mg -Prilosec 20mg -Miralax Powder -Valium 5mg -Depakote 250mg -Voltaren 1% gel -Carafate 1gm

-Ferrous Sulfate 325mg -Vitamin D 2000 units

review was completed on 04/2018.

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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
	MHL040-028	B. WING	R 01/25/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KRYSTAL'S HOUSE LLC

83 WHITE HORSE RD PIKEVILLE, NC 27863

KRYSTAL	'S HOUSE LLC PIK	EVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 121	Continued From page 5 -Zyprexa 10mg -Seroquel 100mg During interview on 01/25/19 the Licensee revealed: -The drug regimens had been completedShe was unable to locate them during the time of the surveyShe had contacted the pharmacy for them to send the drug regimen reviews.		IF shall be the policy of Krystal's House to obtain a copy of lach client's drug regimen leviews query six Months and place a copy in lach client record. Group Home owner has Contacked the Pharmay that Supplies all three clients with their medications for a copy of their drug regime reviews for September 2018 Broup Homes owner will monitor client records quarkerly and Will be responsible for Obtaining copies and placing them in lach of their records, every six months	
	th Service Pegulation			