STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		MHL026-926	B. WING			28/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ROFES	SIONAL FAMILY CAF			206		
			VILLE, NC 28	PROVIDER'S PLAN OF C		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		w-up survey was completed 19. Deficiencies were cited.				
	categories: 10A NC	sed for the following service CAC 27G .5600C Supervised th Developmental Disabilities.				
V 120	27G .0209 (E) Mec	lication Requirements	V 120			
	well-lighted, ventila and 86 degrees Fa (B) in a refrigerator degrees and 46 de refrigerator is used shall be kept in a s or container; (C) separately for e (D) separately for e (E) in a secure man for a client to self-n (2) Each facility tha controlled substance registered under th	rage: shall be stored: cked cabinet in a clean, ted room between 59 degrees hrenheit; ; if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment each client; external and internal use; nner if approved by a physician nedicate. It maintains stocks of ces shall be currently e North Carolina Controlled .S. 90, Article 5, including any				
	Based on record re interview, the facilit external medication	et as evidenced by: eviews, observations and ty failed to ensure internal and ns were kept separately for two ents (#1 and #2). The findings				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-926	B. WING			R 28/2019
	PROVIDER OR SUPPLIER		DDRESS, CITY, S		02/	20/2010
		1016 PA		IATE, ZIF CODE		
PROFES	SIONAL FAMILY CAF	PEHOME #2	EVILLE, NC 28	3306		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 120	Continued From pa	ige 1	V 120			
	revealed: - 61 year old male. - Admission date or - Diagnoses of Auti Developmental Dis Review on 02/28/19 regimen revealed s - Aptiom (treats sei take one tablet by r - Aspirin (treats infl tablet by mouth dail - Folic Acid (vitamir mouth daily. - Daily Vite Tabs (vi mouth daily. - Levetiracetam (treats by one tablet by mouth - Lisinopril (treats by one tablet by mouth - Atorvastatin (treats take one tablet by r - Ammonium Lacta	sm, Moderate Intellectual ability and Type 2 Diabetes. 9 of client #1's current drug stored in the medication closet zure) 800 milligrams (mg) - nouth daily. ammation) 325mg - take one ly. 1) 1mg - take one tablet by stamin) - take one tablet by eats seizures) 500mg - take in twice daily. lood pressure) 20mg - take				
	11:00am of client #	28/19 at approximately 1's medications revealed the a 12% was stored with the s.				
	revealed: - 36 year old male. - Admission date o	9 of client #2's record f 12/21/17. sm, Schizoaffective Disorder,				

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If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL026-926	B. WING			R 28/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ROFES	SIONAL FAMILY CAR	PE HOME #2	TRICK DRIVE EVILLE, NC 28	3306			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE	
V 120	Continued From page 2		V 120				
	Hypertension and H	lyperlipidemia.					
	regimen revealed: - Lisinopril 10mg - t - Trihexphenidyl (tra symptoms) 5mg - t at bedtime. - Risperdal (antipsy by mouth daily at be - Risperdal 2mg - ta needed. - Buspar (antianxie mouth three times of - Lovastatin (treats tablet by mouth dail - Depakote (treats at tablet twice by mouth - Hydrocortisone 2. inflammation on the	ake 1/2 tablet by mouth as ty) 15mg - take one tablet by daily. high cholesterol) take one ly. seizures) 500mg - take one th daily. 5% (a steroid that treats e body) - apply as needed.					
	11:06am of client #	28/19 at approximately 2's medications revealed the % was stored with the internal					
		19 staff #1 stated he would al and external medications.					
	stated he would foll	19 the Qualified Professional low up to ensure internal and ns at the facility were stored					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and						

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		MHL026-926	B. WING			R 28/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S ⁻	TATE, ZIP CODE		
PROFES	SIONAL FAMILY CAR	E HOME #2	RICK DRIVE			
	1	FAYETTE	VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 3	V 736			
		e, clean, attractive and orderly e kept free from offensive				
	This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:					
	 Observation on 02/28/19 at approximately 9:42am of the facility revealed: Client #1's bedroom revealed the towel holder had ben pulled away from the wall. Client #3's bedroom revealed a missing light bulb in the overhead light. The ledge outside of the window revealed shards of broken glass. Client #3's bedroom revealed several slats in the window blinds were broken. The dresser had a broken drawer and 3 handles missing. The hallway bathroom revealed the toilet paper holder had the rod missing. The wall above the toilet appeared soiled. The hallway air return vent had a thick layer of dust on the slats. The kitchen stove had a film of grease on the top surface. The kitchen cabinets appeared soiled and the paint was missing above two drawers. The living room revealed 2 broken slats in the window blinds which were covered with paper. 					
	Interview on 02/28/ stated: - He did some of th	19 the Qualified Professional e maintenance at the facility. nal questions regarding				

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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		
		MHL026-926	B. WING			R 28/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ROFES	SIONAL FAMILY CAF		TRICK DRIVE EVILLE, NC 28	306		
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	age 4	V 736			
		nstitutes a re-cite deficiency cted within 30 days.]				

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