STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
	or connection	A. BUILDING:				
		MHL067-026	B. WING			R 01/2019
IAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
INDA SI	HORTS HOME		NTHAM LANE			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual and follow up survey was completed March 1, 2019. A deficiency was cited.					
		sed for the following service C 27G . 5600F, Supervised amily Living.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when an client's physician. (3) Medications, include the dimensional order of the privileged to prepare of the privileged to prepare of the dimensional drugs administered on the privileged to prepare of the dimensional drugs administered order to the dimensional drug administered order to the dimensional drug of the dimensional drug of the dimensional drug. (5) Client requests checks shall be recommended drug or dimensional drug or dimensional drug. 	non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

PRINTED: 03/11/2019 FORM APPROVED

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL067-026	B. WING			R 01/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	HORTS HOME		NTHAM LANE			
		JACKSO	NVILLE, NC 2	28546		
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC [\]	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 1	V 118			
	Based on record re facility failed to ens administered as or kept current/accura administered record administration to in	et as evidenced by: eviews and interviews, the ure medications were dered by the physician, MARs ate, and medications ded immediately after clude time the medication was ting 3 of 3 audited clients ndings are:				
	-40 year old male a -Diagnoses include intellectual/develop	of client #2's record revealed: admitted to the facility 12/06/01 ad Autistic disorder; mild mental disability, albinism, nd, and hypertension.				
	and order dates rev -11/16/18: Clindar apply to affected ar -11/16/18: Fluocing small amount to sc itching) -11/16/18: Head & S times weekly. (Dan -1/11/19: Hydrochlo (milligrams) daily. (nycin Phosphate 1 % lotion, reas twice daily. (Acne) onide 0.05% (Lidex), apply alp at bedtime. (Inflammation, Shoulders Shampoo, apply 3 druff) orothiazide 12.5 mg Hypertension)	3			
	lips 3 or 4 times da -1/11/18: Atenolol 9 (Hypertension) -11/16/18: Benzoyl	or Healing ointment, apply to ily. 50 mg (Tenormin) twice daily. Peroxide 10% wash face, chin, neck twice daily.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED		
		MHL067-026	B. WING			R 01/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE, ZIP CODE			
		106 GRA	NTHAM LANE				
INDA S	HORTS HOME	JACKSO	NVILLE, NC 2	28546			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
V 118	Continued From pa	age 2	V 118				
	(Involuntary moven -11/16/18: Ciclopir	ppine 1 mg twice daily. nents) ox Topical 0.77% , apply twice chin and neck (Loprox).					
	12/1/18 - 3/1/19 rev -Clindamycin 1 % la at 8 am and 8 pm. was applied on 2/1 and 2/16/19 at 8 pr -Fluocinonide 0.05' at 8 pm. No docum administered in De 1/8/19, 1/16/19 - 1/ 2/11/19-2/28/19. -Head & Shoulders be applied at 8 pm. shampoo had beer 2018. In January 2 documented as add #1, twice in week # February 2019 the administered only te -Hydrochlorothiazid documented as add 2/16/19. -Aquaphor Healing applied at 8am, 3 p 1/19/19 and 1/20/1 documented only te On 2/15/19 and 2/10 documented only of -Atenolol 50 mg watering attributering applied at 8 and 2/16	otion scheduled to be applied No documentation the lotion 6/19 at 8 am, or on 2/15/19 m. % was scheduled to be applied tentation the solution had been cember 2018, 1/1/19 - 1/5/19, '31/19, 2/1/19 - 2/9/19, '3 Shampoo was scheduled to . No documentation the n administrate in December 2019 the shampoo had been ministered twice during week '3, and none in week #4. In shampoo was documented as wice, on 2/9/19 and 2/23/19. de 12.5 mg was not ministered on 2/15/19 or ointment was scheduled to be om, 6 pm, and 8 pm. On 9 the ointment was wice daily at 8 am and 3 pm. 16/19 the ointment was once daily at 8 am. as scheduled to be					
	administered at 8 p	medication had been om on 2/15/19 or 2/16/19. 10% wash was scheduled to					

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURV COMPLETE		
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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
LINDA S	HORTS HOME		NTHAM LANE				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ige 3	V 118				
	documentation the am on 2/16/19 or a -Benztropine 1 mg administered at 8 a documentation the administered at 8 p -Ciclopirox Topical daily 12/1/19 - 12/2 once daily 1/1/19 -	8 am and 8 pm. No wash was administered at 8 t 8 pm on 2/15/19 and 2/16/19 was scheduled to be im and 8 pm. No medication had been im on 2/15/19 or 2/16/19. 0.77% was documented twice 1/18, 12/27/18 - 12/31/18, and 1/20/19. No times were ien the medication had been					
	-31 year old male a -Diagnoses include specified cognitive disorder, unspecifie	f client #3's record revealed: Idmitted to the facility 9/28/18. Id traumatic brain injury, other disorder; impulse control ed; asthma; seasonal allergies; ge to left ear, does no hear					
	12/1/18 - 3/1/19 rev -10/9/18: Amantad capsules in the mod -1/22/19: Advair 25 12 hours apart. -10/2/18: Denta 50 use once daily. -12/12/18: Desven (Pristiq) daily. (Anti- -12/12/18: Donepe bedtime. (Dementi -10/2/18: Flonase 3 spray, 2 puffs daily. -12/12/18: Lomotri am. (mood stabilized)	line 100 mg (Symmetrel), 2 rning and 2 at bedtime. 0-50 Diskus, 1 puff twice daily, 00 Plus 1.1% topical cream, lafaxine ER Tab 100 MG depressant) izil HCL 10 mg (Aricept) at a) 50 mcg (Micrograms) nasal . (Allergies) gine 200 mg (Lamictal) daily ir					

STATE FORM

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
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AME OF PRC	VIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
INDA SHO	RTS HOME		NTHAM LANE				
			NVILLE, NC 2			1	
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118 C	ontinued From pa	ge 4	V 118				
(A -1 ev -1 da af -1 tw -1 da -1 ca -1 ta -1 ta -1 ta -1 ta -1 ca -1 ta -1 ca -1 ta -1 ca -1 ta -1 ca -1 ta -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca -1 ca 	Allergies) 0/2/18: Monteluk very evening. (Alle 2/12/18: Nuedex aily. (Mental/mood fect) 2/12/18: Omega- vice daily. (Supple 0/2/18: Omepraz aily before meals. 2/12/18: Prazosin apsules at bedtime. 2/12/18: Prazosin apsules at bedtime. 10 order found for 0ralone) to be app aily to the affected eview on 3/1/19 or 2/1/18 - 3/1/19 rev mantadine 100 m ocumented as adr ecember 2018. (C 2/4/18 - 12/7/18, a ebruary 2019 Ama dministered at 8 a ot documented as 24/19 or 2/28/19. ocumented as adr 18/19, 2/23/19, 2/ dvair 250-50 Disk nd 8 pm. Advair w dministered at 8 a dvair was not doci n on 2/18/19, 2/23 Denta 5000 Plus 1 dministered 2/16/1	ta 20-10 mg capsule twice I disorder, pseudobulbar -3 Ethyl Esters 1 gm (Lovaza) ment) cole DR 40 mg (Prilosec) twice (Reflux) n 2 mg caps (Minipress), 2 e. (Hypertension) ine Fumarate 400 mg, 2 (Anti-psychotic) Triamcinolone 0.1% Paste blied via topical route 2-3 times I area after meals. (Antifungal) f client #3's MARs from realed: ng was only scheduled and ministered at 8 am in Client was out of the facility and 12/13/18-12/31/18.) In antadine was scheduled to be m and 8 pm. Amantadine was administered at 8 am on Amantadine was not ministered at 8 pm on 2/15/19,	3				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			. ,	CONSTRUCTION		E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LINDA S	HORTS HOME		NTHAM LANE			
(X4) ID	SUMMARY STA	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION				(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 5	V 118			
	not documented.					
	-Desvenlafaxine EF	R Tab 100 MG was scheduled				
	for 8 am and not do 2/24/19 or 2/28/19	ocumented as administered				
		-Donepezil HCL 10 mg was scheduled for 8 pm				
	and not documented as administered on 2/15/19,					
	2/16/19; 2/18/19, 2/23/19, 2/27/19, and 2/28/19 -Flonase 50 mcg nasal spray was scheduled for 8					
	am and was not documented as administered on					
		2/18/19, 2/24/19, and 2/28/19.				
	-Lomotrigine 200 mg was scheduled for 8 am and was not documented as administered on 2/24/19,					
		and $2/28/19$				
	-Lisinopril 20mg was scheduled for 8 am and was					
	not documented as administered on 2/24/19, and 2/28/19					
	-Loratadine 10 mg	was scheduled for 8 am and				
	was not documente and 2/28/19	ed as administered on 2/24/19	,			
		im 10 mg was not documented	t t			
	as administered 2/ ⁻ 2/28/19.	15/19, 2/23/19, 2/27/19, and				
		ng capsule was scheduled for 8	3			
		vas not documented as				
		Im on 2/24/19 or 2/28/19. documented as administered				
		, 2/23/19, 2/27/19, 2/28/19.				
	•	ters 1 gm was scheduled for 8	;			
		vas not documented as				
		m on 2/24/19 or 2/28/19.				
	u	ers was not documented as om on 2/15/19, 2/23/19,				
	2/27/19, 2/28/19.					
	-Omeprazole DR 4	0 mg was scheduled for 8 am				
	•	not documented as				
		m on 2/24/19 or 2/28/19.				
	Omeprazole was ne	on on 2/15/19, 2/23/19,				
	2/27/19, 2/28/19.	$\frac{1}{2} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^$				
	-Prazosin 2 mg cap	os, scheduled to be				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		PLETED
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OVIDER OR SUPPLIER					
ORTS HOME					
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Continued From pa	ae 6	V 118			
administered on 2/1 2/23/19, 2/27/19, 2/ Quetiapine Fumara administered at 8pr administered on 2/1 2/23/19, 2/27/19, 2/ Triamcinolone 0.19 ranscribed to the M small amount topica affected area after n documented from 1 Finding #3: Review on 3/1/19 of 36 year old female Diagnoses include disability; attention of (ADHD); major dep mild.	14/19 - 2/16/19, 2/18/19, 18/19. ate 400 mg scheduled to be n, was not documented as 14/19 - 2/16/19, 2/18/19, 18/19. % Paste (Oralone) was 1ARs with directions to apply a ally 2-3 times daily, to the meals. None had been 2/1/19 - 3/1/19. of client #1's record revealed: admitted 2/17/18. d moderate intellectual deficit hyperactive disorder ressive disorder, recurrent,				
MARs revealed: The ointment had I 2/6/19 and 2/7/19 a	been documented twice on nd once on 2/8/19. No times				
medication adminis determined if clients	tration it could not be s received their medications				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Continued From para administered at 8pr administered on 2/1 2/23/19, 2/27/19, 2/ Triamcinolone 0.19 ranscribed to the M small amount topica affected area after 1 documented from 1 Finding #3: Review on 3/1/19 of 36 year old female Diagnoses include disability; attention of ADHD); major dep mild. Order dated 6/6/18 daily as needed. Review on 3/1/19 of MARs revealed: The ointment had 1 2/6/19 and 2/7/19 a vere documented wat administered.	OVIDER OR SUPPLIER STREET AI 106 GRA JACKSO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 administered at 8pm, was not documented as administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. Quetiapine Fumarate 400 mg scheduled to be administered at 8pm, was not documented as administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. Triamcinolone 0.1% Paste (Oralone) was ranscribed to the MARs with directions to apply a small amount topically 2-3 times daily, to the affected area after meals. None had been documented from 12/1/19 - 3/1/19. Finding #3: Review on 3/1/19 of client #1's record revealed: 36 year old female admitted 2/17/18. Diagnoses included moderate intellectual disability; attention deficit hyperactive disorder ADHD); major depressive disorder, recurrent, nild. Order dated 6/6/18 for triple antibiotic ointment daily as needed. Review on 3/1/19 of client #1's February 2019 MARs revealed: The ointment had been documented twice on 2/6/19 and 2/7/19 and once on 2/8/19. No times were documented when the ointment had been	OVIDER OR SUPPLIER STREET ADDRESS, CITY, ST DRTS HOME 106 GRANTHAM LANE JACKSONVILLE, NC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 6 V 118 administered at 8pm, was not documented as administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. V 118 Quetiapine Fumarate 400 mg scheduled to be administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. V Triamcinolone 0.1% Paste (Oralone) was ranscribed to the MARs with directions to apply a small amount topically 2-3 times daily, to the affected area after meals. None had been documented from 12/1/19 - 3/1/19. Finding #3: Review on 3/1/19 of client #1's record revealed: 36 year old female admitted 2/17/18. Diagnoses included moderate intellectual disability; attention deficit hyperactive disorder ADHD); major depressive disorder, recurrent, mild. Order dated 6/6/18 for triple antibiotic ointment daily as needed. Review on 3/1/19 of client #1's February 2019 MARs revealed: The ointment had been documented twice on 2/6/19 and 2/7/19 and once on 2/8/19. No times were documented when the ointment had been administered. Due to the failure to accurately document nedication administration it could not be letermined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency	OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DRTS HOME 106 GRANTHAM LANE JACKSONVILLE, NC 28546 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF (EACH OERFECIVE ACT CROSS-REFERENCED TO DEFICIENCY AGMINISTERED AND COMPARITION) PREVIX PREFIX TAG PROVIDER'S PLAN OF (EACH OERFENCED TO DEFICIENCY ADDRESS, CITY, STATE, ZIP CODE Continued From page 6 V 118 administered at 8pm, was not documented as administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. V 118 Quetiapine Fumarate 400 mg scheduled to be administered at 8pm, was not documented as administered at 8pm, was not documented as administered at 8pm, was not documented as administered at 8pm, was not documented to be administered at 8pm, was not documented as administered at 8pm, was not documented as administered at 8pm, was not bab pen focumented from 12/1/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. Triamcinolone 0.1% Paste (Oralone) was ranscribed to the MARs with directions to apply a small amount topically 2-3 times daily, to the fifected area after meals. None had been documented from 12/1/19 - 3/1/19. Finding #3: Review on 3/1/19 of client #1's record revealed: 30 year old female admitted 2/17/18. Diagnoses included moderate intellectual disability; attention deficit hyperactive disorder ADHD); major depressive disorder, recurrent, mid. Order dated 6/6/18 for triple antibiotic ointment faily as needed. Review on 3/1/19 of client #1's February 2019 MARs revealed: The ointment had been documented twice on 2/6/19 and 2/7/19 and once on 2/8/19. No times we	OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DRTS HOME 106 GRANTHAM LANE JACKSONVILLE, NC 28546 SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Deficiency of LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 6 V 118 Administered at 8pm, was not documented as administered are 12/14/19. 2/18/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19. Triamcinolone 0.1% Paste (Oralone) was ranscribed to the MARs with directions to apply a small amount topically 2-3 times daily, to the affected area after meals. None had been tocumented from 12/1/19 - 3/1/19. Finding #3: Review on 3/1/19 of client #1's record revealed: 36 year old female admitted 2/17/18. Diagnoses included moderate intellectual itsability; attention deficit hyperactive disorder ADHD); major depressive disorder, recurrent, mid. Order dated 6/6/18 for triple antibiotic ointment fally as needed. Review on 3/1/19 of client #1's February 2019 MARs revealed: The ointment had been documented twice on 2/6/19 and 2/7/19 and once on 2/8/19. No times were documented when the ointment had been administered. Due to the failure to accurately document medication administration it could not be letermined if clients received their medications as ordered by the physician. This deficiency co