PRINTED: 03/15/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL066-023	B. WING		03/14/20	019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	TE, ZIP CODE		
NORTHAN	MPTON CHERRY		RY STREET ND, NC 27897			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	COMPLETE DATE
V 000	INITIAL COMMENTS	•	V 000			
	An annual survey was Deficiencies were cite	s completed on 3/14/19. ed.				
	category: 10A NCAC	d for the follow service 27G .5600C Supervised intally Disabled Adults.				
V 118		·	V 118			
	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION 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 drugs. (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 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					

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

(X6) DATE TITLE

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AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COMIT	LILD	
		MHL066-023	B. WING		03/	14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE			
NORTHAN	MPTON CHERRY	112 CHE	RRY STREET				
NORTHAI	WIF TON CHERKY	WOODLA	AND, NC 27897				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From page	e 1	V 118				
	This Rule is not met						
		n and interview, the facility					
	failed to ensure medi						
	administered on the written order of a person authorized by law to prescribe drugs for 1 of 3						
	audited clients (#5). The findings are:						
	Observation on 3/13/19 at approximately 10:15am revealed client #5's medication included:						
	- Latuda 40mg - 1 tab daily (qd) at dinnertime - Celexa 20mg - 1 qd						
	- Lopid 600mg 1 twice daily (bid)						
	- Prilosec 40mg	1 bid					
		2 at hour of sleep (hs)					
	- Aspirin 81mg -	•					
		ree times daily (tid)					
	- Iron 325mg - 1 tid - Depakote 250mg - 1 qhs						
	- Depakote 250mg - 1 qns - Depakote 500mg - 2 qhs						
	- Crestor 40mg -	•					
	- Cozaar 25mg -	•					
		g - 1 - 4 times daily					
	 Acetaminopher 	n 325mg 2 tid as needed					
	(prn)						
	- Cogentin 1mg -						
	- Vitamin E 400 -						
	 Calcitrol 0.25m Oxybutnin 5mg 	• .					
	- Oxybutilin Sing - Ceterizine 10m						
		g - 1 qu spoon in water bid					
		- apply to left ankle 4 times					
	daily	Epply to test district					
		units/ml - use for high blood I sliding scale					

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL066-023	B. WING		03/14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
NORTHAN	MPTON CHERRY		RRY STREET AND, NC 27897			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 118	- Bydureon 2mg Review on 3/13/18 of	client #5's record revealed: 3/1/11 derate Intellectual Disorder inpulsive DO; Mood DO; tes; Hypertension; Thyroid Desity and Erosive icians orders on file at the entation of physician's orders ted in 2017 in's orders were brought to day in 3/13/19, staff #1 thought is in the record and had not in 2017. In 3/13/19, the Clinical of had current orders at the it send them over o reported they were in the exercords into an electronic	V 118			
V 752		Nater Temperatures 4 FACILITY DESIGN AND	V 752			
	ensures the physical visitors. (4) In areas of texposed to hot water.	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116				

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NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	TE, ZIP CODE		
NORTHA	MPTON CHERRY		RRY STREET AND, NC 27897			
240.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORR	ECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 752	Continued From page	e 3	V 752			
	maintained between The findings are: Observation on 3/13/10:30am and 11:00ar - the water temper degrees Fahrenheit. 3 separate times the water temper bathroom #1 was 90 different occasions. (bathroom sinks was 1 the temperature in the degrees Fahrenheit. were within the rule liburing an interview of they always had a protemperature being low bathroom temperature and she was not sure shower was so low.	and interview, the to ensure the water was 100-116 degrees Fahrenheit. 19 at between approximately in revealed; erature in the kitchen was 90. The temperature was taken erature in the shower of degrees Fahrenheit on 3. The temperature in the two 102 degrees Fahrenheit and esecond shower was 112. These two temperatures mit.) In 3/13/19, staff #1 reported oblem with the kitchen w. She reported the es had not been a problem why the temperature in the main 3/14/19, the Clinical would submit a work order				
V 752	This Rule is not met Based on observation governing body failed maintained between The findings are: Observation on 3/13/10:30am and 11:00ar the water temporate times. the water temporate in the degrees Fahrenheit. were within the rule libustrian and interview of the yalways had a protect temporature being low bathroom temporature and she was not sure shower was so low. During an interview of Director reported she	as evidenced by: an and interview, the to ensure the water was 100-116 degrees Fahrenheit. 19 at between approximately an revealed; erature in the kitchen was 90 The temperature was taken erature in the shower of degrees Fahrenheit on 3 The temperature in the two 102 degrees Fahrenheit and e second shower was 112 These two temperatures mit.) an 3/13/19, staff #1 reported beloblem with the kitchen w. She reported the es had not been a problem why the temperature in the an 3/14/19, the Clinical would submit a work order	V 752			

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