Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DOILDING.			
		MHL047-160	B. WING		03/1	2/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AMAT GI	ROUP HOMES LLC		PROSPECT D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	on March 12, 2019. unsubstantiated (interpretation Deficiencies were continuous This facility is licensicategory: 10A NCA	sed for the following service C 27G .5600A Supervised				
V 117	category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. 27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa		V 117			

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL047-160	B. WING		03/1	12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
AMAT G	ROUP HOMES LLC		PROSPECT				
			D, NC 28376				
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V 117	Continued From pa	ge 1	V 117				
	interviews, the facili medication prescrib (#4) retained a curr findings are: Review on 3/12/19 - Admission date of - Diagnoses of Diab Disorder; Major Dej - Physician's order of 1. Amitiza 24 m - Physician's order of 1. Naproxen Detwice a day as need - Documentation or client's MARs (Januare)	views, observation and ity staff failed to assure sed for 1 of 3 audited clients rent dispensing date. The of Client #4's record revealed: 10/7/16. Setes; Schizophrenia; Bipolar pression Disorder. dated 4/17/18. Second record and 10/11/17. Selayed 500 mg- One tablet ded for pain. In the past three months of the party 2019 through March of the above medications were					
	11/14/17.						
	month's medication 1. Amitiza 24 m 2/13/19.	2/19 of Client #4's upcoming revealed: acg with dispensing date of elayed 500 mg was not					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
			7. BOILDING.			
		MHL047-160	B. WING		03/1	2/2019
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
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V 117	Continued From pa	age 2	V 117			
	-He had been disper packages available -He was not aware Naproxen had expiredShe was not aware had expiredShe had received medications recent -She did not know a packages were being-She was aware that not being given dail medicationShe confirmed the medications identifications.	that packs from Amitiza and red. 9 with the Licensee revealed: e that the medication packs new packages of the client's ly. why medications from old ng distributed. at Client #4's Naproxen was ly as it was an as needed expiration date of the ied above with expired dates.				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf manner and shall b odor. This Rule is not me Based on observatifailed to assure facin a safe, clean, att The findings are:	d its grounds shall be ie, clean, attractive and orderly se kept free from offensive	V 736			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
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V 736	Dinning area reveal -Three out of five w were missing parts -Wall separating the table had significant chair set in front of Observation on 3/12 area revealed: -Wall behind the co about three feet lon -Windows and door house from living ar -Carpet was stained -Rocking chair was -Observation on 3/1 kitchen area reveale -Sink was stained w -Cabinet's top seco not aligned in place -Cabinet's second of side, was dirty with -Linoleum flooring h and laundry roomFlooring was dirty w Observation on 3/12 located by the kitch -Entrance door was	ed: ooden chairs were wobbly and by the legs. e entrance door and dining t stains and scratches from it. 2/19 at 10:03 AM of the Living uch was dirty with a stain g. is leading to the back of the rea were missing blinds. d at numerous spots. missing its right arm. 2/19 at 10:06 AM of the ed: vith dark spots. Ind drawer from the left was and was out of track. drawer from the top and left broken Roman noodles. and a hole between kitchen with dust and debris. 2/19 at 10:10 AM of bedroom en revealed: broken on the bottom.	V 736			
	by Living area reveal-Door frame was br					
	to the right of the ha	2/19 at 10:20 AM of bedroom allway revealed: n window were missing.				

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V 736	Continued From pa	ge 4	V 736			
	located in the hallwa-Shower curtain was mildew/moldWall next to the toi Observation on 3/12/hallway between twa-Carpet was wrinkle-Carpet had severa Interview with staffar-He was in charge of the had not swept to the later of the was aware that windows were missarea from residents backLive in staff was redailyShe had placed wo such as cleaning of and door repairsShe confirmed the	s stained on the bottom with let had several dark stains. 2/19 at 10:27 AM of the o bedrooms revealed: ed at several spots. I stains. #1 on 3/12/19 revealed: of maintaining facility clean. this morning yet. 9 with the Licensee revealed: at some of the blinds from the				

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