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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:				
		MHL060-156	B. WING		04/18/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
INREACH	INREACH/NEVINS ROAD  3446 NEVIN ROAD  CHARLOTTE, NC 28269						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was Deficiencies were cite	s completed on 4/18/19. ed.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 118 27G .0209 (C) Medication Requirements		V 118					
	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 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						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
INDE 4 OU	ALENTALO DO A D	3446 NEV	IN ROAD			
INREACH	NEVINS ROAD	CHARLO	TTE, NC 28269			
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V 118	Continued From page 1		V 118			
	interviews, this facility	iew, observations and railed to ensure				
	medications administe immediately after adm clients (#3). The findir	ninistration affecting 1 of 3				
	-admission date of 10 Anxiety Disorder, Inte Disability-Mild, Willian	client #3's record revealed: /1/95 with diagnoses of llectual Developmental n's Syndrome, Stenosis and Cartilage				
	-physicians' orders da medications: omepraz 20mg two tablets in th one tablet daily, Flora	ated 4/8/19 for the following zole(generic for Prilosec) ne am, Oxybutynin 15mg stor 250mg one tablet daily,				
	one tablet three times tablet twice daily and 5-10mg one tablet da	-				
	tablet at bed, Clonaze	: Amitriptyline 10mg one epam 0.5mg one half tablet paroxetine(generic for Paxil)				
	Observation on 4/18/medications on site remedications: -omeprazole 20mg tw	•				
	-Oxybutynin 15mg on -Florastor 250mg one -Certavite one tablet of	e tablet daily; tablet daily;				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
INREACH	/NEVINS ROAD	3446 NEV					
	T		TTE, NC 28269				
(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 AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From page	2	V 118				
	-Calcitrate 200mg one tablet twice daily; -Amlopidipine Benazepril 5-10mg one tablet daily; -Amitriptyline 10mg one tablet at bed; -Clonazepam 0.5mg one half tablet three times daily; -paroxetine 20mg one tablet daily.  Review on 4/18/19 of client #3's MARS from 2/1/19-4/18/19 revealed the following dosing dates left blank with no explanation on the form: -3/8 at 8am for omeprazole 20mg two tablets in the am; -3/8 at 8am for Cyybutynin 15mg one tablet daily; -3/8 at 8am for Florastor 250mg one tablet daily; -3/7 at 8pm, 3/8 at 8am and at 2pm for Vitamin D3 400 units one tablet three times daily; -3/7 at 8pm and 3/8 at 8am for Calcitrate 200mg one tablet daily; -3/7 at 8pm for Amlopidipine Benazepril 5-10mg one tablet daily; -3/7 at 8pm for Amitriptyline 10mg one tablet at bed; -3/7 at 8pm and 3/8 at 8am and 2pm for Clonazepam 0.5mg one half tablet three times daily;						
	Review on 4/18/19 of sheets for the missing	etine 20mg one tablet daily.  the controlled medication g dosing dates listed above controlled medication was					
	-gets his medications -does not remember i Interview on 4/18/19 Manager revealed:	missing any medications.					

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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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NAME OF D	ROVIDER OR SUPPLIER			710 0005	04	110/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE EVIN ROAD	E, ZIP CODE		
INREACH	NEVINS ROAD		OTTE, NC 28269			
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 3	V 118			
	-did complete control those dosing dates; -did give the medicati	led medication sheets for ion to client #3.				
V 746	V 746  27G .0304(b)(1) Unobstructed Doors, Stairs, Corridors  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.		V 746			
	failed to ensure all ha entrances, ramps, ste	n and interview, the facility				
	following: -long hallway with clie hallway; -off the long hallway to an outside door; -a curtain was hung u small hallway; -a folded up treadmill small hallway behind -a dresser, nightstand behind the treadmill in	d and bed headboard was				

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V 746	Continued From page	÷ 4	V 746			
	to; -stored it in hallway be storage shed would g -also keep treadmill th	ecause if stored in the et damp from rain;				

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