

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL019-051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLEASANT HILL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6128 PLEASANT HILL CHURCH ROAD SILER CITY, NC 27344</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual survey was completed on April 26, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that a 6 month medication regimen review was conducted every 6 months for clients being prescribed psychotropic medications affecting 3 of 3 clients (#1 #2 #3). The findings are:  Review on 4/25/19 of Client #1's record revealed the following information; -- Has been with the current provider (the	V 121		

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

TITLE

(X6) DATE

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V 121	<p>Continued From page 1</p> <p>Licensee) since 2006. -- Diagnoses include Mental Retardation, Pervasive Developmental Disorder, Psychotic Disorder and Autism. -- Psychotropic medications being administered to Client #1 include Trazadone. -- No documentation of a 6 month medication regimen review.</p> <p>Review on 4/25/19 of Client #2's record revealed the following information; -- Has been with the current provider since 2006. -- Diagnoses include Mild Mental Retardation, Autism Spectrum Disorder, Attention Deficit Disorder, Generalized Anxiety Disorder and Obsessive Compulsive Disorder. -- Psychotropic medications being administered to Client #2 include Methylphenidate and Luvox. -- No documentation of a 6 month medication regimen review.</p> <p>Review on 4/25/19 of Client #3's record revealed the following information; -- Has been with the current provider since 2006. -- Diagnoses include Mental Retardation, Autistic Disorder and Impulse Control Disorder. -- Psychotropic medications being administered to Client #3 include Trazadone and Zoloft. -- No documentation of a 6 month medication regimen review.</p> <p>Interview on 4/25/19 with the Licensee and the Qualified Professional revealed the following information; -- All of the client's medications were filled at a chain pharmacy. -- This pharmacy did not provide any other services, except to dispense medications. -- The Licensee would look into a long term care pharmacy to be able to perform this service.</p>	V 121		

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