Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: Health A. BUILDING: DHSR - Mental B. WING MHL019-051 04/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6128 PLEASANT HILL CHURCH ROAD Lic. & Cert. Section PLEASANT HILL SILER CITY, NC 27344 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 Please See Following page, and Email 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 121 27G .0209 (F) Medication Requirements V 121 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. DHSR - Montal Health (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. Lic. & Cert. Section 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 Division of Health Service Regulation

STATE FORM

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

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TITLE

If continuation sheet 1 of 3

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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	
		MHL019-051	B. WING		04/	26/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STATE, ZIP CODE			
PLEASANT HILL 6128 PLEASANT HILL CHURCH ROAD SILER CITY, NC 27344						
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(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLETE	
V 121	Continued From page 1 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. 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 Deficiet 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			Client Started this medication on Feb. 23 This medication is a psychotropic drug has been on this for I than 3 months. Record TG 564 2 Methylphenidate is a psychotropic: The doc Provide a typed statem with how the client was doing on the medication Fluroxamine is not a ymedication record to 411537	He H	5/19/
	the following information: Has been with the Diagnoses include Disorder and Impuls Psychotropic medit to Client #3 include Toleration No documentation regimen review. Interview on 4/25/19 Qualified Professionation information; All of the client's mechain pharmacy This pharmacy did services, except to de The Licensee would	e current provider since 2006. e Mental Retardation, Autistic		This client only takes SERTRALINE: Not a ps dryg-This document of the dication as Statedis He does not take Tra Zoloft Talked with Siler City Pharmacy, The Cost is \$120 per Client, Fourty min drive time to pick u	sychotr sychotr siveor izadon cmon	rect e or 5/9/19 and 4/24/0

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL019-051 04/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6128 PLEASANT HILL CHURCH ROAD PLEASANT HILL SILER CITY, NC 27344 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) To: Susan McMickle Gilbert Rivers 10f S pagel

NCNeuropsychiatry

attention & memory centers

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RE:	
DOB:	
DOR:	

To Whom It May Concern,

is a patient at our clinic and is seen here regularly for evaluation and medication management since March 6, 2017. Based on results of neurocognitive testing, presenting symptoms and history of present illness, his diagnoses are consistent with Attention Deficit Disorder, Autism, Anxiety, and Mental Retardation.

We have treated Attention Deficit Disorder with Methylphenidate since September 11, 2017. It successfully treats his issues with attention and impulsivity. There have been no adverse reactions to the medication, and we will continue to treat Mr. Tripp with this regimen.

As a practice, we do everything we can to ensure the continuous satisfaction and positive mental stability of our patients. If you have any further questions regarding the treatment of [1] lease contact our office at (919) 933-2000.

Mm Mari MP

C.Thomas Gualtieri, M.D.

THIS ELECTRONIC PRESCRIPTION PRINTOUT CANNOT BE USED IN PLACE OF A WRITTEN PRESCRIPTION.

