

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: DHSR - Mental Health B. WING: MAY 10 2019	(X3) DATE SURVEY COMPLETED 04/26/2019
NAME OF PROVIDER OR SUPPLIER PLEASANT HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 6128 PLEASANT HILL CHURCH ROAD Lic. & Cert. Section SILER CITY, NC 27344		
(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	Please see following page, and email DHSR - Mental Health MAY 10 2019 Lic. & Cert. Section	
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		

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

TITLE

(X6) DATE

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PLEASANT HILL

**6128 PLEASANT HILL CHURCH ROAD
SILER CITY, NC 27344**

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To: Susan McMickle
Gilbert Rivers

1 of 5 pages

Frankie Baldwin
email: fbaldwin24@
gmail.com

RE: [REDACTED]
DOB: [REDACTED]
DOR: [REDACTED]

To Whom It May Concern,

[REDACTED] 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 [REDACTED] 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 [REDACTED] please contact our office at (919) 933-2000.



C. Thomas Gualtieri, M.D.

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

eRx		02/27/2019
Patient		
[REDACTED]		H: [REDACTED]
Gender: [REDACTED]	C: [REDACTED]	
[REDACTED]		
Prescriber		
WOODWARD BURGERT MD		Ph: 919-545-0911
75 Freedom Parkway		F: 919-545-0096
Pittsboro, NC 27312		
NPI: 1760587190		Supervising Pbr: WOODWARD
DEA: BB7843661		BURGERT MD
		Supervising Pbr DEA: BB7843661
Rx		
traZODone 50 mg tablet		
Take 0.5 tablets (25 mg total) by mouth nightly as needed for sleep. (can increase to full tablet after 1 week if necessary)		
#30 Tablet(s)		
Refills: 2		
Substitution Allowed		