Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			-		R	
		MHL026-299	B. WING		06/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
STANBER	RY PLACE		ANBERRY PLACE			
	T	FAYETTE	EVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	completed on June 18 unsubstantiated (Intal Deficiencies were cite This facility is licensed	d. d for the following service 27G .5600A Supervised				
V 120	27G .0209 (E) Medica 10A NCAC 27G .0209 REQUIREMENTS (e) Medication Storag	e:	V 120			
	 (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. 					
	failed to keep refrigera	as evidenced by: I and interview, the facility ated medication in a locked e of three clients (#2). The				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			P WING		R	
MHL026-299			B. WING		06/18/2019	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
STANBER	RY PLACE		BERRY PLACI			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 120	Continued From page 1		V 120			
V 736	findings are: Observation on 06/17/19 at approximately 11:30am revealed: - The client refrigerator contained a metal box with a locking mechanism. The metal box was not locked. - The metal box contained Latanoprost 0.005% labeled for client #2. Interview on 06/17/19 the Qualified Professional stated: - Staff are aware to keep medications in the client's refrigerator locked. - She would speak with staff about ensuring the medications were kept secure. V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be		V 736			
	maintained in a safe, manner and shall be odor. This Rule is not met Based on observation was not maintained in and orderly manner. Observation on 06/18 11:15am revealed: -The kitchen cabinets handles and the facin	clean, attractive and orderly kept free from offensive as evidenced by: an and interview, the facility as asfe, clean, attractive The findings are: 6/19 at approximately				

Division of Health Service Regulation

STATE FORM 6899 GD0X11 If continuation sheet 2 of 3

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL026-299	B. WING		06	R / 18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
STANBER	RRY PLACE		ANBERRY PLACE EVILLE, NC 28301				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	had the appearance -The entrance door to dirtyThe frame around of pulled away from the repairedClient #2's bedroom throughout the entire During interview on O Professional stated to repairs and the agen improvements to the	of mold. o the hall bathroom was lient #3's bedroom was wall and needed to be carpet was soiled and dirty room. 06/18/19 the Qualified the facility had already had cy was continuing to make facility. citutes a re-cited deficiency	V 736				

Division of Health Service Regulation

STATE FORM 6899 GD0X11 If continuation sheet 3 of 3