

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
--	---

(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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 26, 2019. The complaint was unsubstantiated (intake #NC00152750). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
--	---

(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 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (#1 and #2). The findings are:</p> <p>Review on 06/26/19 of client #4's record revealed: - 65 year old male. - Admission date of 06/10/12. - Diagnoses of Schizoaffective Disorder-Bipolar Type, Hypertension and Hypothyroidism.</p> <p>Review on 06/26/19 of client #4's signed FL-2 dated 03/29/19 revealed the following medication orders: - Benzotropine (treats Parkinson's Disease symptoms) 1 milligram (mg) - take one table twice daily. - Haldol (antipsychotic) 10mg liquid - take 5 milliliters twice daily. - Lorazepam (antianxiety) 1mg - take one tablet three times a day.</p> <p>Review on 06/26/19 of client #4's May 2019 MAR revealed the following blanks: - Benzotropine - 05/26/19 and 05/27/19 at 8pm. - Haldol - 05/26/19 and 05/27/19 at 8pm. - Lorazepam - 05/25/19 at 8am and 05/05/19, 05/12/19, 05/25/19 and 05/26/19 at 2pm and 8pm</p> <p>Interview on 06/26/19 client #4 stated he received</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
--	---

(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 118	Continued From page 2 his medications as ordered. Interview on 06/26/19 the Qualified Professional indicated all clients received their medications as ordered. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118		
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 maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview, the licensee failed to maintain the facility in a clean, attractive and orderly manner. The findings are: Observation on 06/25/19 at approximately 10:35am thru 12:05pm revealed: - The kitchen area revealed the smoke detector had been removed and wires were hanging from the ceiling. - The air return vent in the dining room appeared rusty with a layer of dust on the grates. - The living room/dining room area revealed a	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
--	---

(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 736	<p>Continued From page 3</p> <p>brown water stain on the ceiling. A fly glue strip was hanging from the ceiling and revealed multiple flies. The floor vent in the dining room was rusty. An approximately 3 inch by 3 inch hole in the wall. A golf ball sized hole in the wall.</p> <ul style="list-style-type: none"> - The back porch light cover was broken and a wasp nest was on the ceiling in a corner. - Client #2 and #5's bedroom revealed cracked tiles on the floor. An approximately 2 inch by 1 inch dent in the wall. The air return vent was rusty and was pushed into the subfloor. - Client #4 and #6's bedroom revealed a dresser with 5 broken drawers. Floor tiles were broken, A floor vent was pushed down into the subfloor. 3 patched areas in the room that had not been painted. -Client #1's bedroom had broken tile and dirt and debris on the floor. -Client #3's bedroom had broken tile throughout the room and the dresser was missing a handle. <p>Observation on 06/26/19 at approximately at 11:50am revealed:</p> <ul style="list-style-type: none"> - A smoke detector in the facility which emitted a chirping sound approximately every 35 seconds indicating a battery was needed. <p>Interview on 06/26/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The local poultry houses increased the flies at the facility along with the traffic in and out of the facility. - She indicated she would address identified issues for repair. <p>This deficiency has been cited 6 times since the original cite on 3/23/15 and must be corrected within 30 days.</p>	V 736		