STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			5 14/11/0			
		MHL063-087	B. WING		07/1	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YADKIN	PI ACF	360 YADK				
174BIKIIV	- LAGE	SOUTHER	RN PINES, N	C 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on 7/11/19. The cor (intake #NC001528 NC00153511). Defin This facility is licens	plaint survey was completed inplaints were substantiated 70, NC00153189 and ciencies were cited. sed for the following service C 27G .5600A Supervised in Mental Illness.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be a paraprofessionals. (b) Paraprofession associate profession professional as spesional subchapter. (c) Paraprofessional subchapter. (d) At such time assemployment system then qualified professionals shall (e) Competence strength exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin (5) interpersonal skills (6) communication (7) clinical skills. (f) The governing be develop and implements	edge; ess; g; kills;				

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

(X6) DATE TITLE

DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			(IN ROAD	,		
YADKIN	PLACE		RN PINES, N	C 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
1/ 440	0 " 15) / 440	,		
V 110	Continued From page 1		V 110			
	plan upon hiring ea	ch paraprofessional.				
	This Rule is not met as evidenced by:					
	Based on record reviews and interviews one of seven audited staff (staff #1) failed to					
		owledge, skills and abilities				
		oulation served. The findings				
	are:					
	Review on 7/10/19	of client #1's record revealed:				
	-Admission date of					
		zoaffective Disorder, Anemia,				
		ncontinence, Fatigue, Tobacco				
	Use and Overweigh					
	-Physician's order of	lated 5/30/19 for Xanax 1 mg,				
	one tablet three tim					
		er change on 6/5/19 for the				
		rder changed to Xanax 0.25				
	mg, one tablet by m	nouth twice a day.				
	Davious of the facilit	we norconnol records on				
	7/11/19 revealed:	y's personnel records on				
	-Staff #1 had a hire	date of 11/15/16				
		as a Residential Supports				
	Worker.	ar a residential supports				
	Review of facility re	cords on 7/10/19 revealed:				
		gation dated 6/18/19 had the				
		n-Staff were questioned about				
		on for client #1. "[Staff #2]				
		nothing about a missing				
		nedication not being returned				
		staff #2] stated she was not				
	working when the n	nedication was returned to the				

STATE FORM 6899 If continuation sheet 2 of 16 HZKM11

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
				 		
		MUU 000 007	B. WING		07/4	4/0040
		MHL063-087	B. WING		07/1	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		360 YADK	IN ROAD			
YADKIN PLACE			RN PINES, N	C 28387		
	OUR MAA DV OTA		1		211	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
1/ 110	Cantinual Francis	0	V 110			
V 110	Continued From pa	ge z	V 110			
	pharmacy." [Staff #	1] reported that the medication				
		(discontinuation) box to be				
		rmacy on 5/30/19. The				
		nan arrived to drop off the new				
		ns for the group home on				
	5/30/19 at around 1	1:00 p.m. [Staff #1] attempted				
		man take the Xanax;				
		ryman would not accept the				
	discontinued medic	ation because a return				
	controlled form was	not available[Staff #1] said				
	she put the medication back in D/C					
	(discontinued) retur	n box. On the night of 6/1/19				
	the deliveryman car	me with the D/C return form.				
	[Staff #1] went back	k into the locked closet to				
	retrieve the medica	tion and fill out the form. The				
	medication was gor	ne. When [Staff #1] was				
	questioned why she	e did not notify the Director of				
	the missing medica	tion she stated, "I thought				
	someone just flushe	ed the medication." [Staff #3]				
	was a fill in staff on	6/1/19. [Staff #3-] was				
	questioned and star	ted he had not one into the				
	D/C (discontinued)	closet and was not aware that				
		n the box to be returned. After				
		ff that worked shifts during the				
		n went missing and after				
		roup Home Director], the				
		ssing and not reported to [The				
		tor] and he was unaware of the				
		until MCO (Managed Care				
	Organization) visite	a on 6/18/19.				
	Internation 120 C	#4 7/40/40				
		#1 on 7/10/19 revealed:				
		icident with missing Xanax				
	medication in June					
		ange with her Xanax				
	medication.	as market of Vanau bank to the				
		ne packet of Xanax back to the				
	pharmacy.	d to much discounties and				
		d to put discontinued				
	medication in a lock	ked box and keep it in the				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 3 of 16 HZKM11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YADKIN	DI ACE	360 YADK	IN ROAD			
IADKIN	FLACE	SOUTHER	RN PINES, N	C 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 3	V 110			
	hallway closetA pharmacy person medicationThe pharmacy person and told her she ne formShe put the medication however she did no closetShe put the medicate refrigerator in staff of the pharmacy person pick up the XanaxWhen she looked it was missingShe was not sure a medication.	n came to the home to get the son refused to take the Xanax eded a controlled medication ation back in the locked box, it put it in the locked hallway ation box on the top of the				
	7/10/19 and 7/11/19 -On 6/18/19 they had Managed Care Org -The staff from the was a complaint rel medicationHe was informed the reference to client #1 tabletsClient #1 was pressible beginning of June 20 -Staff felt like the medication much for the Xanax was made sleepy." -The physician was decrease the dosage	ad a visit form the local anization (MCO). MCO informed them there ated to some missing there was a complaint in the missing some Xanax tablets at the 2019. Illigrams of Xanax was for client #1. In aking client #1 "loopy and contacted and agreed to ge. In a visit form the local anization (MCO). In a visit form the visit form there are visit for a visit for				

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STATE FORM 6899 HZKM11 If continuation sheet 4 of 16

DIVISION	of Health Service Re	guiation	ı			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL063-087	B. WING		07/11/2019	
		WITE500-007			0771	1/2013
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YADKIN	DI ACE	360 YADK	IN ROAD			
IADININ	ILAGE	SOUTHER	RN PINES, N	C 28387		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
V 110	Continued From page 4		V 110			
	-He thought staff ha	ad returned the medication				
	towards the beginn					
		ere was an issue until the				
	MCO staff brought	it to his attention.				
	-Therapeutic Altern	atives did an investigation				
	once the issue was	brought to their attention.				
		hem she was in the process of				
	returning the Xanax					
		armacy person came to the				
	home, however the person would not take the					
	Xanax.					
		the pharmacy person refused				
		ion because she did not have				
	the correct form.	ha waa awaaaad ta baya a				
	controlled drug forn	he was supposed to have a				
		she put the medication back				
		ox and in the locked hallway				
	closet.	ox and in the locked hallway				
		a pharmacy person came out				
	the next night.	- p p				
		son brought the controlled				
	drug form for the X					
	-Staff #1 told them	she went into the discontinued				
	box to get the Xana					
		the Xanax was no longer in				
	the discontinued bo					
		did not bring it to anyone's				
		she thought other staff sent				
	medication back.	Since and the Manager for all and 114				
		firmed the Xanax for client #1				
	was never returned	rmed them that she left the				
		ith Xanax on the top of the				
	refrigerator in staff					
	Tonigerator in stall	omoc area.				
	Interview with the C	Chief Operations Officer on				
	7/11/19 revealed:					
		the incident with the missing				
	Xanax for client #1.					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING	B. WING		1/2019
NAME OF I	PROVIDER OR SUPPLIER				0771	1/2013
NAME OF I	PROVIDER OR SUPPLIER	360 YADK		STATE, ZIP CODE		
YADKIN PI ACE			IN ROAD RN PINES, N	C 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 5	V 110			
	-She received a call the medication issurance the Xanax medicationStaff #1 informed to take the medicationStaff #1 told them controlled medicationStaff #1 informed to medication box whith the locked hallway controlled to the homogeneous medicationStaff #1 informed to the homogeneous medication box, howo-Staff #1 informed to the medication box which is the medication beautiful box which is the medication beautiful by the medication box which is the medication beautiful by the medication beautiful by the medi	I from the local MCO about e in June 2019. CO coming out, they were not edication was missing for them she attempted to return on. the pharmacy person refused ion. She was supposed to have a on form attached to the them she put the locked ch contained the Xanax into closet. Them the pharmacy person is the next night to get the hem she went into the locked wever the Xanax was missing, them she never said anything on missing because she arew it away.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility	or EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local In made available to all staff cedures and routes shall be on the control of the contro				

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STATE FORM 6899 HZKM11 If continuation sheet 6 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YADKIN	PLACE	360 YADK SOUTHER	IN ROAD RN PINES, N	C 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 114	shall be held at least repeated for each sunder conditions the	ige 6 st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies	V 114			
	facility failed to con	et as evidenced by: views and interviews, the duct fire and disaster drills at simulate emergencies. The				
	revealed the followi -7/1/19-2nd shift -6/11/19-1st shift -5/8/19-1st shift -4/11/19-2nd shift -3/25/19-3rd shift -2/3/19-2nd shift -1/22/19-1st shift -12/31/18-3rd shift	drills conducted during 3rd				
	revealed the followi -7/3/19-2nd shift -6/19/19-1st shift -5/21/19-2nd shift -4/30/19-2nd shift -3/26/19-1st shift -2/11/19-1st shift -1/28/19-3rd shift -12/22/18-2nd shift	aster drills conducted during				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING		07/1	1/2019	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 0771	1/2013	
YADKIN		360 YADK	IN ROAD	,			
			RN PINES, N				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 7	V 114				
	-There were no disaster drills conducted during 2nd shift for the 1st quarter of 2019.						
	-Staff conducted fir	t #2 on 7/10/19 revealed: e and disaster drills with them. now often the drills were being					
	Interview with client #3 on 7/10/19 revealed: -Staff did fire and disaster drills with them -She thought the fire and disaster drills were done monthly.						
	7/11/19 revealed: -The group home h -He was a little con were supposed to b -He confirmed staff	Froup Home Director on ad three separate shifts. fused about the way the drills be conducted. failed to conduct fire and r conditions that simulate					
	7/11/19 confirmed: -Staff failed to cond	Chief Operating Officer on luct fire and disaster drills at simulate emergencies.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person a drugs. (2) Medications shall						

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YADKIN	PLACE	360 YADK		O 00007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	(3) Medications, incadministered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be recorded in the control of the contr	cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. In ministration Record (MAR) of red to each client must be kept administered shall be bely after administration. The	V 118			
	facility failed to follo failed to keep the M clients (#1). The fin	view and interviews, the w the physician's orders and IAR current for one of three dings are:				
	Review on 7/10/19 -Admission date of -Diagnoses of Schi: High Cholesterol, Ir Use and Overweigh	of client #1's record revealed: 3/4/19. zoaffective Disorder, Anemia, acontinence, Fatigue, Tobacco				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL063-087	B. WING		07/1	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
YADKIN	PLACE	360 YADK		• • • • • •		
			RN PINES, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 118	Continued From page 9		V 118			
	one tablet at bedtim -There was a disco dated 5/30/19 for F Quetiapine 100 mg Review of facility re -Incident reports for following: (1). 6/18	ntinuation of medication order luoxetine 20 mg and				
	tab (tablet) Prozac 20mg during 8am med (medication) pass on 6/18/19. This medication was discontinued on 5/30/19." (2). 6/17/19-[Former staff #7] administered 1 tab (tablet) Seoquel 100mg during 8pm med (medication) pass on 6/17/19. This medication was discontinued on 5/30/19. [Former staff #7] initials were written on back of med (medication) pack with date of 6/17/19 and the tablet was missing from pack."					
	Interview with the Chief Operations Officer on 7/11/19 revealed: -She was aware of the medication errors made by staff #3 and FS #7The Group Home Director was responsible for reviewing the MAR's, orders and medicationsThe Group Home Director should review the MAR's, orders and medications to ensure there were no errorsA discontinued medication must immediately be placed in the discontinued box and returned to the pharmacyShe confirmed staff #3 and FS #7 failed to follow the physician's orders for client #1.					
		of client #1's record revealed: lated 3/18/19 for Benztropine				

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ווטופועום	of Health Service Re	eguiation	r			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL063-087	B. WING		07/1	1/2019
NAME OF F	ROVIDER OR SUPPLIER	QTDEET AD	DRESS CITY (STATE, ZIP CODE		
NAME OF F	NOVIDEN ON SUFFEIEN			STATE, ZIF CODE		
YADKIN I	PLACE	360 YADK		C 20207		
			RN PINES, N			I
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 118	Continued From page 10		V 118			
			V 110			
		e tablet two times daily;				
		four tablets at bedtime;				
		, one tablet at bedtime and				
		three tablets at bedtime.				
	for Clozapine 100 n	R had a blank box on 7/8/19				
		R had blank boxes on 5/31 for				
	Benztropine Mesylate 1 mg, Clozapine 100 mg, Atorvastatin 20 mg and Divalproex 500 mg. Interview with the Group Home Director on					
	7/10/19 revealed:					
		ossibly forgot to sign the May				
		ndicate medication was				
	administered.					
		ues with clients getting their				
	prescribed medicat	failed to keep the MAR				
	current for client #1	•				
	Interview with the (Chief Operations Officer on				
	7/11/19 confirmed:					
		the MAR current for client #1.				
	•					
V 120	27G .0209 (E) Med	ication Requirements	V 120			
	10A NCAC 27G .02	209 MEDICATION				
	REQUIREMENTS					
	(e) Medication Stor	age:				
	(1) All medication s					
		cked cabinet in a clean,				
		ted room between 59 degrees				
	and 86 degrees Fal					
		, if required, between 36				
		grees Fahrenheit. If the				
		for food items, medications				
		eparate, locked compartment				
	or container;	each client:				
	(C) separately for e	ach chent,				

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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		
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
YADKIN	PLACE	360 YADK SOUTHER	IN ROAD RN PINES, N	C 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 120	(D) separately for e (E) in a secure mar for a client to self-m (2) Each facility tha controlled substance	xternal and internal use; nner if approved by a physician nedicate. It maintains stocks of ses shall be currently the North Carolina Controlled S. 90, Article 5, including any	V 120			
	facility failed to ens securely locked cat current clients (#1). Review on 7/10/19 -Admission date of -Diagnoses of Schi High Cholesterol, Ir Use and Overweigh -Physician's order of one tablet three time -There was an order	view and interviews, the ure medications were in a binet affecting one of three The findings are: of client #1's record revealed: 3/4/19. zoaffective Disorder, Anemia, acontinence, Fatigue, Tobacco at. dated 5/30/19 for Xanax 1 mg, es daily. er change on 6/5/19 for the rder changed to Xanax 0.25				
	-An internal investion following information a missing medication reported she knew medication or the number to the pharmacy. [Sworking when the number pharmacy." [Staff # was put in the D/C returned to the pharmacy.	cords on 7/10/19 revealed: gation dated 6/18/19 had the in-Staff were questioned about on for client #1. "[Staff #2] nothing about a missing nedication not being returned staff #2] stated she was not nedication was returned to the 1] reported that the medication (discontinuation) box to be rmacy on 5/30/19. The nan arrived to drop off the new				

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Division of Health Service Regulation							
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:					
		MHL063-087	B. WING		07/1	1/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
IVAIVIL OI	NOVIDEN ON SOIT EIEN	360 YADK		TATE, ZII GODE			
YADKIN	PLACE			C 20207			
			RN PINES, N				
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A		IOULD BE COMPLETE		
17.0		,		DEFICIENCY)			
V 120	Continued From pa	ge 12	V 120				
	batch of medication	s for the group home on					
		1:00 p.m. [Staff #1] attempted					
		man take the Xanax;					
		ryman would not accept the					
		ation because a return					
		s not available[Staff #1] said					
	she put the medica						
	(discontinued) return box. On the night of 6/1/19 the deliveryman came with the D/C return form.						
		c into the locked closet to					
	•	tion and fill out the form. The					
	medication was gone. When [Staff #1] was						
	questioned why she did not notify the Director of the missing medication she stated, "I thought someone just flushed the medication." [Staff #3] was a fill in staff on 6/1/19. [Staff #3-] was questioned and stated he had not one into the						
		closet and was not aware that					
		the box to be returned. After					
	questioning the staff that worked shifts during the time the medication went missing and after questioning [The Group Home Director], the medication was missing and not reported to [The Group Home Director] and he was unaware of the						
	missing medication until MCO (Managed Care						
	Organization) visite						
	Intomious with the first	#1 on 7/10/10 roundled					
		#1 on 7/10/19 revealed:					
	-Client #1 had an incident with missing Xanax medication in June 2019.						
		ange with her Xanax					
	medication.	and the field states.					
		ne packet of Xanax back to the					
	pharmacy.						
		d to put discontinued					
		ked box and keep it in the					
	hallway closet.						
	 -A pharmacy person medication. 	n came to the home to get the					

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-The pharmacy person refused to take the Xanax

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
			A. BOILDING.				
MHL063-087		MHL063-087	B. WING		07/11/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
YADKIN	PLACE	360 YADK	_				
		SOUTHER	RN PINES, N	C 28387		I	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 120	Continued From pa	ge 13	V 120				
	formShe put the medical however she did not closetShe put the medical refrigerator in staff of the pharmacy perspick up the XanaxWhen she looked it was missingShe was not sure of medicationShe thought other medicationShe confirmed facility	son came out the next night to n the locked box the Xanax what happened to the staff possibly stole the lity staff failed to ensure					
	Interview with the G 7/10/19 and 7/11/19 -On 6/18/19 they ha Managed Care Org -The staff from the was a complaint rel medicationHe was informed the reference to client # tabletsClient #1 was pres beginning of June 2 -Staff felt like the m possibly too much f -The Xanax was ma sleepy." -The physician was decrease the dosag -The Xanax pills we the pharmacy that s	and a visit form the local anization (MCO). MCO informed them there ated to some missing there was a complaint in the missing some Xanax cribed Xanax tablets at the total. cribed Xanax tablets at the total. diligrams of Xanax was or client #1. aking client #1 "loopy and contacted and agreed to ge. there supposed to be returned to same night. and returned the medication					

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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		
		MHL063-087	B. WING		07/1	1/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
YADKIN PLACE 360 YADK SOUTHER		IN ROAD RN PINES, N	C 28387				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 120	MCO staff brought -Therapeutic Alternonce the issue was -Staff #1 informed to returning the Xanax -Staff #1 said a phathome, however the XanaxStaff #1 told them to take the medicate the correct formStaff #1 was told secontrolled drug form -Staff #1 told them into discontinued be closetStaff #1 told them the next nightThe pharmacy per drug form for the Xa-Staff #1 told them box to get the Xana-Staff #1 told them the discontinued be she told them she attention because a medication backThe Pharmacy cor was never returned -Staff #1 never info discontinued box w refrigerator in staff -He confirmed the fill medications were second to the staff was never second to the fill medications were second to the staff was never second to the fill medications were second to the staff was never second to the fill medications were second to the staff was never second	ere was an issue until the it to his attention. atives did an investigation brought to their attention. hem she was in the process of to the pharmacy. Imacy person came to the person would not take the the pharmacy person refused ion because she did not have the was supposed to have a for the Xanax. She put the medication back bix and in the locked hallway a pharmacy person came out son brought the controlled anax. She went into the discontinued bix. The Xanax was no longer in the Xanax was no longer in the Xanax for client #1 to the pharmacy. The interest the interest the interest and the Xanax on the top of the	V 120				
	7/11/19 revealed:	the incident with the missing					

Xanax for client #1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY MPLETED	
		MHL063-087	B. WING		07/1	1/2019	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
YADKIN	PLACE	360 YADK SOUTHER	IN ROAD IN PINES, N	C 28387			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 120	-She received a cal the medication issurance the Xanax medication #1Staff #1 informed to the Xanax medication and to take the medication and the Informed to take the medicationStaff #1 told them controlled medicationStaff #1 informed to medication box whith the locked hallway and the Informed to the hom medicationStaff #1 informed to the hom medicationStaff #1 informed to the hom medication box, how the Informed to the hom medication box whith the Informed to the Homelication box whith Informed to the Homelication box whith Informed to the Informed to t	I from the local MCO about e in June 2019. ICO coming out, they were not redication was missing for them she attempted to return on. Ithe pharmacy person refused ion. Is she was supposed to have a conform attached to the she make put the locked ch contained the Xanax into closet. In the pharmacy person he the next night to get the she were the Xanax was missing. It is them she went into the locked wever the Xanax was missing. It is missing because she in the missing because she in the missing them that she left the ith Xanax on the top of the	V 120				

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