PRINTED: 07/18/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAIN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: _		OOWII E		
		MHL0601329	B. WING		07/1	7/2019	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NELSON	НОМЕ		R HOLLOW C E, NC 28214	OURT			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was deficiency was cited.	s completed on 7/17/19. A					
	category: 10A NCAC	d for the following service 27G .5600F Alternative viduals with Developmental					
V 119	V 119 27G .0209 (D) Medication Requirements		V 119				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.						

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL0601329	B. WING		07	//17/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
NELSON I	HOME		VER HOLLOW CO	URT		
		CHARLO	TTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 119	Continued From page	÷ 1	V 119			
	interviews, the facility medication was disported guards against divers affecting 1 of 2 clients. Review on 7/16/19 of -admission date of 12 Intermittent Explosive Dependent Personalit Psychosis, Intellectual Disorder-Moderate ar -Nursing Medication ARN(Registered Nurser-physician order date Glycol (Miralax) one publications on site results of expiration on -date of expiration on packets inside the bost Review on 7/16/19 ard MARs from 5/1/19-7/2-Polyethylene Glycol week was documented ordered for the month and July 2019; -July 2019 MAR printed the start date for Polyone packet twice a week was documented ordered for the month and July 2019; -July 2019 MAR printed the start date for Polyone packet twice a week was documented for the month and July 2019;	iew, observations and failed to ensure all expired ised of in a manner that ion or accidental ingestion is (#1). The findings are: client #1's record revealed: //19/16 with the diagnoses of it Disorder, Schizophrenia, it Disorder, Affective in Developmental ind DiGeorge Syndrome; Audit completed by facility in on 6/13/19; it displays a several displays and the several conditions on a packet twice a week. 19 at 3:03pm of client #1's everaled: (Miralax) one packet twice a box; ithe box was 4/2018; each of the remaining it was 4/2018. 10 7/17/19 of client #1's 16/19 revealed: (Miralax) one packet twice a conditions in the severaled: (Miralax) one packet twice a conditions in the several conditions in the severa				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601329	B. WING		07/47/2040		
					07/17/2019		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	•			
NELSON	NELSON HOME 10619 RIVER HOLLOW COURT CHARLOTTE, NC 28214						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE					
V 119	date) and an expiration Interview on 7/17/19 vicidity of notice the Mirget the samples from plans to take the median pharmacy and discussional revealed was not aware the Might of the RN did an audit richlans to do an incide	with staff #1 revealed: ralax was expired; the pharmacy; dication back to the s issue. with the Qualified iralax was expired; ecently and did not catch it; the pharmacy;	V 119				

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