	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL063-087	B. WING		07/11/2019
NAME OF F	PROVIDER OR SUPPLIER	360 YADK	•	STATE, ZIP CODE C 28387	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLE
V 000	INITIAL COMMEN	rs plaint survey was completed	∨ 000		
	on 7/11/19. The col (intake #NC001528	mplaints were substantiated 370, NC00153189 and ciencies were cited.		RECEIVED By DHSR - Mental Health Lic. & Cert. Section	on at 8:09 am, Jul 24, 2019
		sed for the following service C 27G .5600A Supervised th Mental Illness.			
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110		
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an anal or by a qualified			
	professional as spe Subchapter. (c) Paraprofession	ecified in Rule .0104 of this als shall demonstrate and abilities required by the			
	employment system then qualified profe professionals shall (e) Competence st	s a competency-based n is established by rulemaking, ssionals and associate demonstrate competence. nall be demonstrated by			
	exhibiting core skill: (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin	edge; ess; ; g;	***************************************		
		skills; and pody for each facility shall	**************************************		
		nent policies and procedures he individualized supervision			
		DER/SUPPLIER REPRESENTATIVE'S SIGN	J ATURE	COO	(X6) DATE
ATE FORM) consens	3890 H	<i>C 0 0</i>	If continuation sheat 1

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING:			
		MHL063-087	B, WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER			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	LD BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 1	V 110	DEFICIENCY)		
	This Rule is not me	et as evidenced by:				
	seven audited staff demonstrate the known required for the popare: Review on 7/10/19 of Admission date of Schiz High Cholesterol, In Use and Overweigh Physician's order done tablet three time There was an order Xanax 1 mg. The ormg, one tablet by more Review of the facility 7/11/19 revealed: Staff #1 had a hire Staff #1 was hired a Worker. Review of facility reconnected the knew redication or the more area.	owledge, skills and abilities ulation served. The findings of client #1's record revealed: 3/4/19. Coaffective Disorder, Anemia, continence, Fatigue, Tobacco t. ated 5/30/19 for Xanax 1 mg, es daily. Tobacco to change on 6/5/19 for the der changed to Xanax 0.25 outh twice a day.	V110	For all D/C medications, Eric Taylor, Grand Home Director will call Freda Kletsch, the day of D/C order to make her awas Director will D/C medication from MAR ramove medication from medication be complete Southern Pharmacy return for place the D/C medication and form in the Box for pharmacy to pick up. The Directake a picture of D/C medication, form box and send to Freda Kletsch, COO, confirm that medication D/C process here the completed and will notify Freda Kletsch when pharmacy has picked up the medication because attached sheets for Drugs Returns Pharmacy. Therapeutic Alternatives' Medication D Policy was revised on 7/17/19 to reflect non-controlled and controlled substance be disposed of by transfer to a local phromatory of the process of	COO are. and ox and orm and he D/C ctor will and D/C to as been h, COO dication. ed to isposal t that all les shall larmacy	7/12/19 Ongoing

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 8. WING MHL063-087 07/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **360 YADKIN ROAD** YADKIN PLACE SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 110 V 110 Continued From page 2 pharmacy." [Staff #1] reported that the medication was put in the D/C (discontinuation) box to be returned to the pharmacy on 5/30/19. The pharmacy deliveryman arrived to drop off the new batch of medications for the group home on 5/30/19 at around 11:00 p.m. (Staff #1) attempted to have the deliveryman take the Xanax; however, the deliveryman would not accept the discontinued medication because a return controlled form was not available....[Staff #1] said she put the medication back in D/C (discontinued) return box. On the night of 6/1/19 the deliveryman came with the D/C return form. [Staff #1] went back into the locked closet to retrieve the medication 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 D/C (discontinued) closet and was not aware that a medication was in 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) visited on 6/18/19. Interview with staff #1 on 7/10/19 revealed: -Client #1 had an incident with missing Xanax medication in June 2019. -Client #1 had a change with her Xanax medication. -She had to send the packet of Xanax back to the pharmacy. -They were required to put discontinued medication in a locked box and keep it in the

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Division	of Health Service Re	egulation				HI I NOVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
) i, («Φ) («») («».	A-P-1		
		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 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 APPROV DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 3	V 110	W .	***************************************	
	hallway closet. A pharmacy person medication. The pharmacy person and told her she nerform. She put the medicate however she did no closet. She put the medicate refrigerator in staff of the pharmacy perspick up the Xanax. When she looked it was missing. She was not sure with the Grand the thought other smedication. Interview with the Grand the the the thought of the It was a complaint related the	came to the home to get the son refused to take the Xanax eded a controlled medication ation back in the locked box, to put it in the locked hallway ation box on the top of the office area. Son came out the next night to in the locked box the Xanax what happened to the staff possibly stole the roup Home Director on revealed: In a visit form the local anization (MCO). MCO informed them there ated to some missing there was a complaint in missing some Xanax cribed Xanax tablets at the one. If the control of the office area is a complaint in the office area in the one of the control of the office area is a complaint in missing some Xanax was cribed Xanax tablets at the one of the office area in the office area.				
)ivision of U	the pharmacy that sealth Service Regulation	ame night.				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER MHL063-087	REET ADDRESS, CITY, STATE, ZIP COL	1 mm a am a maraina
MHL063-087	REET ADDRESS, CITY, STATE, ZIP COI	07/11/2019
NAME OF PROVIDER OR SUPPLIER S		
VANKIN DI ACS	60 YADKIN ROAD DUTHERN PINES, NC 28387	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FU TAG REGULATORY OR LSC IDENTIFYING INFORMATION	L PREFIX (EACH	/IDER'S PLAN OF CORRECTION (X5) CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
V 110 Continued From page 4	V 110	
-He thought staff had returned the medica towards the beginning on June 2019He did not know there was an issue until MCO staff brought it to his attentionTherapeutic Alternatives did an investigat once the issue was brought to their attentises the staff #1 informed them she was in the profession of Health Service Regulation. -Staff #1 said a pharmacy person came to home, however the person would not take XanaxStaff #1 told them the pharmacy person not to take the medication because she did not the correct formStaff #1 was told she was supposed to he controlled drug form for the XanaxStaff #1 told them she put the medication into discontinued box and in the locked had closetStaff #1 told them a pharmacy person can the next nightThe pharmacy person brought the control drug form for the XanaxStaff #1 told them she went into the discontinued boxStaff #1 told them the Xanax was no long the discontinued boxShe told them she did not bring it to anyon attention because she thought other staff is medication backThe Pharmacy confirmed the Xanax for close was never returned to the pharmacyStaff #1 never informed them that she left discontinued box with Xanax on the top of refrigerator in staff office area.	on ne on n. cess of the the fused have ve a back way ne out ed tinued or in e's ent ent #1 the he	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL063-087 07/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD YADKIN PLACE SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 110 Continued From page 5 V 110 -She received a call from the local MCO about the medication issue in June 2019. -Prior to the local MCO coming out, they were not aware the Xanax medication was missing for client #1. -Staff #1 informed them she attempted to return the Xanax medication. -Staff #1 told them the pharmacy person refused to take the medication. -Staff #1 told them she was supposed to have a controlled medication form attached to the medication. -Staff #1 informed them she put the locked medication box which contained the Xanax into the locked hallway closet. -Staff #1 informed them the pharmacy person returned to the home the next night to get the medication. -Staff #1 informed them she went into the locked medication box, however the Xanax was missing. -Staff #1 informed them she never said anything about the medication missing because she thought someone threw it away. -Staff #1 never informed them that she left the discontinued box with Xanax on the top of the refrigerator in staff office area. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL063-087			07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY	STATE, ZIP CODE		112010
(**(***2-0))	n reture without the state of the court of		(IN ROAD	01701 <u>211</u> 000		
YADKIN	PLACE		RN PINES, N	IC 28387		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	מו	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 114	Continued From pa	age 6	V 114			
	repeated for each a under conditions th	st quarterly and shall be shift. Drills shall be conducted hat simulate fire emergencies. all have basic first aid supplies				
	Based on record refacility failed to conunder conditions the findings are: Review on 7/11/19 revealed the follow -7/1/19-2nd shift -6/11/19-1st shift -4/11/19-2nd shift -3/25/19-3rd shift -2/3/19-2nd shift -1/22/19-1st shift -1/23/19-3rd shift -1/23/19-3rd shift -1/23/18-3rd shift -1/3/3/18-3rd shift -1/3/3/18-3rd shift -1/3/3/18-3rd shift -1/3/3/1/8-3rd shift -1/3/3/1/8-3/3/1/8-3/3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/1/8-3/	e drills conducted during 3rd	V 114	Freda Kletsch, COO assist Director with completing dates and disaster drills for the rem for Yadkin Place (see attache Taylor, Director will review fire monthly to make sure all drills scheduled.	Ashifts time for fire ainder of the year d schedule). Eric and disaster drills	7/11/19
Chain 3 and 64.	revealed the follow -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 d quarter of 2019.				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER			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)	lD PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 7	V 114			
	-There were no disa 2nd shift for the 1st	aster drills conducted during quarter of 2019.				,
	-Staff conducted fire	#2 on 7/10/19 revealed: e and disaster drills with them. now often the drills were being				·
	-Staff did fire and di	: #3 on 7/10/19 revealed: isaster drills with them e and disaster drills were done				
	7/11/19 revealed: -The group home had the was a little confivere supposed to base.	ad three separate shifts. fused about the way the drills be conducted. failed to conduct fire and conditions that simulate				
	7/11/19 confirmed: -Staff failed to cond	hief Operating Officer on uct fire and disaster drills at simulate emergencies.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administere order of a person andrugs. (2) Medications sha					
	ealth Service Pegulation				····	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE : COMPL	
		MHL063-087	B. WING	07/11/		1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE	7	
YADKIN	·	360 YADK	IN ROAD			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 Earl 3 Tar Sarry	SOUTHER	RN PINES, N	C 28387		4
(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 APPROV DEFICIENCY)	OBE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 8	V 118			· · · · · · · · · · · · · · · · · · ·
	administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests to checks shall be recorded.	luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				
	facility failed to follo failed to keep the M clients (#1). The find 1. The following is a follow the physician Review on 7/10/19 a -Admission date of -Diagnoses of Schiz High Cholesterol, In Use and Overweigh	view and interviews, the w the physician's orders and AR current for one of three dings are: evidence the facility failed to 's orders. of client #1's record revealed: 3/4/19. coaffective Disorder, Anemia, icontinence, Fatigue, Tobacco	V118	For all D/C medications, Eric Taylor, Groud Director will call Freda Kletsch, COO the day order to make her aware. Director medication from MAR and remove medication medication box and complete Southern Preturn form and place the D/C medication in the D/C box for pharmacy to pick up Director will take a picture of D/C medication D/C box and send to Freda Kletsch, confirm that medication D/C process humanity freda Kletsch, Completed and will notify Freda Kletsch, Completed and Notify Freda Kletsch, Compl	y of D/C will D/C tion from harmacy and form c. The tion, form COO, to as been DO when sing was Staff Jenice harmace	7/12/19 Ongoing 7/12/19

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING		07/4	1/2019
NAME OF	PROVIDER OR SUPPLIER	772 100 100 100 100 100 100 100 100 100 10	DOEGE AITY	OTATE TIP CORE		172013
		360 YADK		STATE, ZIP CODE		
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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 9	V 118			
	20 mg, one capsule one tablet at bedtim -There was a disco	e daily and Quetiapine 100 mg, ne. ntinuation of medication order luoxetine 20 mg and				
	-Incident reports for following: (1), 6/18/tab (tablet) Prozac 2 (medication) pass of was discontinued of [Former staff #7] and Seoquel 100mg dur pass on 6/17/19. The discontinued on 5/3 were written on bac with date of 6/17/19 from pack."	0/19. [Former staff #7] initials k of med (medication) pack and the tablet was missing				
	7/11/19 revealed: -She was aware of the staff #3 and FS #7The Group Home If reviewing the MAR's, orders and the ware no errorsA discontinued mediaced in the discontinued the pharmacyShe confirmed staff the physician's order.	vidence the facility failed to				
į		of client #1's record revealed: ated 3/18/19 for Benztropine				

Division	of Health Service Re	egulation				AFFROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		70 0(11) 70(110:11) 70332 m 3	A. BUILDING:		COM	56 LE
		MHL063-087	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	100-20-1000000	
YADKIN	PLACE		(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 10	V 118			
	Clozapine 100 mg, Atorvastatin 20 mg, Divalproex 500 mg, The July 2019 MAI for Clozapine 100 n -The May 2019 MAI Benztropine Mesyla Atorvastatin 20 mg Interview with the G7/10/19 revealed: He thought staff poand July MAR's to it administeredThere were no issuprescribed medicati -He confirmed staff current for client #1 Interview with the G7/11/19 confirmed:	R had blank boxes on 5/31 for lite 1 mg, Clozapine 100 mg, and Divalproex 500 mg. Broup Home Director on pssibly forgot to sign the May indicate medication was less with clients getting their ions. failed to keep the MAR				
V 120	, ,	ication Requirements	V 120			
	well-lighted, ventilat and 86 degrees Fat (B) in a refrigerator, degrees and 46 deg refrigerator is used	age: hall be stored: ked cabinet in a clean, ed room between 59 degrees brenheit; if required, between 36 brees Fahrenheit. If the for food items, medications beparate, locked compartment				

Division	of Health Service Re	egulation			1 (2) (10)	WELVOAED
	T 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 I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY :	STATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
79/36/16a/ Q1 1	THE TOWN ON OUT DISENT	360 YADK		oma, ar obe		
YADKIN	PLACE		IN ROAD RN PINES, N	C 28387		
W41 15	GIRMANDV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		1
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 120	Continued From pa	ge 11	V 120			
	(D) senarately for e	xternal and internal use;				
		nner if approved by a physician				
	for a client to self-m					disserved
		t maintains stocks of				THE PARTY OF THE P
		es shall be currently				Westername
	registered under the	∋ North Carolina Controlled				West
		S. 90, Article 5, including any				Westernamen
	subsequent amend	ments.				Parameter Was
						**Westman
	This Rule is not me	at as avidonood by				######################################
		view and interviews, the	V120	For all D/C medications, Eric Taylor, Group	Home	7/12/19
		ure medications were in a		Director will call Freda Kletsch, COO the of D/C order to make her aware. Director will		,,,,,,
		pinet affecting one of three		medication from MAR and remove medica		Ongoing
	current clients (#1).			from medication box and complete Southe	rn	Average 2
	,			Pharmacy return form and place the D/C medication and form in the D/C box for ph	armacv	America Artista
		of client #1's record revealed:		to pick up. The Director will take a picture		Wichiana
	-Admission date of			medication, form and D/C box and send to		**************************************
		zoaffective Disorder, Anemia,		Kletsch, COO, to confirm that medication I process has been completed and will notif		
		continence, Fatigue, Tobacco		Kletsch, COO when pharmacy has picked		-
	Use and Overweigh			medication.		
	one tablet three tim	lated 5/30/19 for Xanax 1 mg,		Medication Administration Refresher trainl	na was	****
		r change on 6/5/19 for the		given by Vickl Rhodes, RN on 7/12/19. St	aff	7/12/19
		rder changed to Xanax 0.25		present was Fred Hughes, Eric Taylor, Jar Smith, La'Quasia Burch and Deana Cham		
	mg, one tablet by m			See attached record and certificates.	ucuan.	***************************************
	,					-
		cords on 7/10/19 revealed:				
		ation dated 6/18/19 had the				
		n-Staff were questioned about				
		on for client #1. "[Staff #2]				
		nothing about a missing redication not being returned				
		taff #2] stated she was not				
		nedication was returned to the				none no
		1) reported that the medication				
	, ,	discontinuation) box to be				***************************************
		macy on 5/30/19. The				**************************************
		nan arrived to drop off the new				
)ivision of He	ealth Service Regulation					

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V 120 Continued From page 12 batch of medications for the group home on 5/30/19 at around 11:00 p.m. [Staff #1] attempted to have the deliveryman take the Xanax; however, the deliveryman would not accept the discontinued medication because a return controlled form was not available[Staff #1] said she put the medication back in D/C (discontinued) return box. On the night of 6/1/19 the deliveryman came with the D/C return form. [Staff #1] went back into the locked closet to retrieve the medication 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 D/C (discontinued) closet and was not aware that a medication was in 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) visited on 6/18/19. Interview with staff #1 on 7/10/19 revealed: -Client #1 had an incident with missing Xanax		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
ADKIN PLACE SUMMARY STATEMENT OF DEFICIENCIES (A) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 120 Continued From page 12 batch of medications for the group home on 5/30/19 at around 11:00 p.m. [Staff #1] attempted to have the deliveryman take the Xanax; however, the deliveryman would not accept the discontinued medication because a return controlled form was not available[Staff #1] said she put the medication back in D/C (discontinued) return box. On the night of 6/1/19 the deliveryman came with the D/C return form. [Staff #1] went back into the locked closet to retrieve the medication 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 D/C (discontinued) closet and was not aware that a medication was in the box to be returned. After questioning [The Group Home Director], the medication was missing and not reported to [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) visited on 6/18/19. Interview with staff #1 on 7/10/19 revealed: -Client #1 had an incident with missing Xanax			MHL063-087	B. WING		07/1	1/2019
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-Client #1 had a change with her Xanax medicationShe had to send the packet of Xanax back to the pharmacyThey were required to put discontinued medication in a locked box and keep it in the hallway closetA pharmacy person came to the home to get the medicationThe pharmacy person refused to take the Xanax		batch of medication 5/30/19 at around 1 to have the delivery however, the delivery however, the delivery discontinued medication to have the medication was she put the medication was gonguestioned why she the missing medication was a fill in staff on questioned and state D/C (discontinued) of a medication was inquestioning the staffine the medication was inquestioning [The Grandication was missing medication organization) visited interview with staff for the color of t	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 not available[Staff #1] said ion back in D/C n box. On the night of 6/1/19 me with the D/C return form. Into the locked closet to ion and fill out the form. The see with the Director of tion she stated, "I thought ed the medication." [Staff #3] 6/1/19. [Staff #3-] was seed he had not one into the closet and was not aware that if the box to be returned. After if that worked shifts during the went missing and after roup Home Director], the sing and not reported to [The or] and he was unaware of the until MCO (Managed Care of on 6/18/19. #1 on 7/10/19 revealed: cident with missing Xanax 2019. ange with her Xanax he packet of Xanax back to the in came to the home to get the income to the	V 120			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SI A. BUILDING:			
		MHL063-087	B. WING	//	07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY.	STATE, ZIP CODE		***************************************
		360 YADK				
YADKIN	PLACE		RN PINES, N	C 28387		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	lp	PROVIDER'S PLAN OF CORRECTI	ńΝ	1 /2/2
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 120	Continued From pa	ge 13	V 120			
	and told her she ne form.	eded a controlled medication				A444-A444-A444-A444-A444-A444-A444-A44
		ation back in the locked box,				***************************************
		t put it in the locked hallway				**************************************
1	closet.	,				WWW.
		ation box on the top of the				did a secondario
	refrigerator in staff					00000
l		son came out the next night to				
	pick up the Xanax.	n the locked box the Xanax				***************************************
	was missing.	II are looked box are Mariax				veranos.
	_	what happened to the				***
	medication.	• •				WARRAN
		staff possibly stole the				***************************************
	medication.					***************************************
		lity staff failed to ensure				
	medications were s	ecurely locked in a cabinet.				
		roup Home Director on				
	7/10/19 and 7/11/19					
		nd a visit form the local				***************************************
	Managed Care Org	anization (IVICO). MCO informed them there				***************************************
		ated to some missing				V
	medication.	necessaries where years and the second of the				
		nere was a complaint in				######################################
		1 missing some Xanax				***************************************
	tablets.	·				
		cribed Xanax tablets at the				WARRIED TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE
	beginning of June 2					
		illigrams of Xanax was				***************************************
	possibly too much for	or client #1. aking client #1 "loopy and				
	sleepy."	and Great #1 100py and				***************************************
		contacted and agreed to				ACCESSES. P. C.
	decrease the dosag					
		re supposed to be returned to				
	the pharmacy that s	ame night.				
		d returned the medication				
	towards the beginni	ng on June 2019.				
Divinian of He	solth Sawica Ramulation					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: COMPLETED			
	MHL063-087	8. WING		07/11/2019	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VARIUM DI ACC	360 YADK	IN ROAD			
YADKIN PLACE	SOUTHER	RN PINES, N	C 28387		
PREFIX (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)	LOBE	(X5) COMPLETE DATE
V 120 Continued From pa	ge 14	V 120			
-He did not know the 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 Xanax-Staff #1 told them box to get the Xanax-Staff #1 told them the discontinued be she told them she attention because simedication backThe Pharmacy cor was never returned -Staff #1 never informed the finedications were simedications were simple staff #1 never informed the finedications were simedications were simple staff #1 never informed the finedications were simple staff #1 never	pere was an issue until the it to his attention. attives did an investigation brought to their attention. Them she was in the process of to the pharmacy. In the process of the person came to the person would not take the other person refused ion because she did not have an for the Xanax. She put the medication back ox and in the locked hallway as pharmacy person came out son brought the controlled anax. She went into the discontinued ix. The Xanax was no longer in the Xanax was no longer in the Xanax was no longer in the Xanax for client #1 to the pharmacy. The them that she left the ith Xanax on the top of the				

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Division	of Health Service Re	egulation			(Order)	ALLYOVED
	NT 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	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)	LD BE	(X5) COMPLETE DATE
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	zalik Castas Damiakas					

PHARMACY

DRUGS RETURNED TO PHARMACY

outhern

Sheet

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10

DRUGS RETURNED TO PHARMACY OR RELEASED TO THE PATERY

milial

1-866-768-8479 • Fax: 1,-866-928-3983

Old-fashioned reduce inspretive ideas

Facility:

For Controlled Items Only

Services

Therapeutic Alternatives, Inc. - P.O. Box 814 - Randleman, NC 27317

MEDICATION ADMINISTRATION

- Prescription or non-prescription drugs shall only be administered to a consumer on written order of a person authorized by law to prescribe drugs.
- 2. Medications shall be self-administered by consumers only when authorized in writing by the consumer's physician.
- 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 credentialed to prepare and administer medications.
- 4. A Medication Administration Record (MAR) of all drugs administered to each consumer must be kept current. Medications administered shall be recorded immediately after administration. The MAR shall include the following: consumer's name; name, strength, and quantity of the drug; instructions for administering the drug; date and time the drug is administered; name or initials of person administering the drug.
- 5. Community Support Individual, Community Support Team, CAP-MR/DD, Crisis Respite, Psychosocial Rehabilitation, Mobile Crisis, Intensive In-Home, Day Programs, and Targeted Case Management Services do not administer medications. Under rare circumstances staff providing these services may administer medications on a case by case consideration. Staff must have completed the required medication administration training and the consumer's plan must indicate medication administration. Staff administering medication must comply with all medication policies and procedures.

Consumer requests for medication changes or checks shall be recorded and kept with the MAR file followed-up by appointment or consultation with a physician.

10A NCAC 27G .0209 (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 and controlled substances shall be disposed of by transfer to a local pharmacy for destruction.
- 3. The Program shall maintain a record of the medication disposal.
- 4. Documentation shall specify the following: consumer's name; medication name, strength, quantity; disposal date; method of disposal; signature of the person disposing of medication; signature of person witnessing destruction.
- 5. Upon discharge of a consumer, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the consumer 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 the consumer's discharge from services.

MEDICATION STORAGE

All medication shall be stored:

- 1. in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 and 86 degrees Fahrenheit;
- 2. in a refrigerator, if required, between 36 and 46 degrees Fahrenheit. (If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container.);
- 3. separately for each consumer;
- 4. separately for external and internal use; and
- 5. in a secure manner if approved by a physician for a consumer to self-medicate.

V110 Sheet 2 of 16

Revised: July 17, 2019

From: Eric Taylor Eric.Taylor@mytahome.com &

Subject: fire drill

Date: July 22, 2019 at 4:10 PM

To: Freda Kietsch freda@mytahome.com Cc: Eric.Taylor@mytahome.com



Drills Aug - Dec 2019

August Drills: Fire 7th at 6am (3rd Shift) Disaster 20th 1230a (3rd)

Sept Drills: Fire 12th at 330p (1st Shift) Disaster 25th at 9am (1st shift)

Disaster 24th at 6pm (2nd Shift) Oct Drills: Fire 7th at 10pm (2nd Shift)

Nov Drills: Disaster 3rd 515am (3rd Shift) Fire 16th at 3am (3rd Shift) Dec Drills: Fire 5th 315pm (1st Shift) Disaster 23rd 320pm (1st Shift)

Drills will remain in sequential order of shifts (1st, 2nd, 3rd, then back to 1st) Eric will monitor dills to ensure staff accuracy of drill knowledge and verify documentation. Eric will initial all fire and disaster drill records to indicate oversight of each drill monthly. Eric will never have another citation on these drills!!!!!!

Eric M. Taylor CHC of Moore CHC of Hoke Se Habla Espanol (910)-695-5558 C (910)-692-8688 F

Our mission is to deliver comprehensive human services that empower people to achieve. their goals in life.

CONFIDENTIALITY NOTICE ~ HIPAA Privacy Notification: This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message. Thank you for respect to privacy.

Therapeutic Alternatives, Inc.

TRAINING RECORD

Date of Training:	July 12, 2019	Time:	2:30 (g) 10:00 am - 2:00 pm
Instructor:	Vicki Rhodes, RN	Title:	
Subject:	Medication Administration Refresher Training		<u> </u>
Brief Subject Outl	ine (attach separate sheet if more space needed	}	
	No.		
			\ <u>\</u>

ATTENDANCE

New	Signature	Print Name	Work Site	Position/Supervisor	Hourly
7-12	Fred Hayle PP	Fred Hughes	Hoke	P.P. Evic	Lum
	Zuitayro	Erictaylor	yodlin	Duector	/
	Jan X X	Janier Suit	- Yedki O	C. Tay Tor	
	Jollusia Burch	La'alasia Buch		Mania	<i>L</i>
7.12.19	T Deana Chambertain	Doors Chamberlain	Yadkin	PP/Enclowe	V
			£		
-	~		,,,,		
			(A)		
			~~~~~		
<u> </u>			<u> </u>		

VII8 sheet 9 of 16 training Record + VIAO sheet 12 of 16 Certificates - 6 pgs.

Training Form 10-7-15



MyTAhome.com

## therapeutic alternatives, inc.

# CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

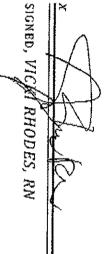
### ERIC TAYLOR

HAS SUCCESSFULLY COMPLETED THE TRAINING FOR 4.5 HOURS

MEDICATION ADMINISTRATION REFRESHER TRAINING









therapeutic alternatives, inc.

MyTAhome.com

# CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

### FRED HUGHES

HAS SUCCESSFULLY COMPLETED THE TRAINING FOR 45 HOURS

MEDICATION ADMINISTRATION REFRESHER TRAINING





TOKI RHODES, RN



therapeutic alternatives, inc.

MyTAhome.com

# CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

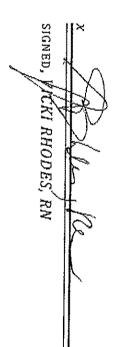
## DEANA CHAMBERLAIN

HAS SUCCESSFULLY COMPLETED THE TRAINING FOR 45 HOURS

MEDICATION ADMINISTRATION REFRESHER TRAINING









MyTAhome.com

### therapeutic alternatives, inc.

# CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

### JANICE SMITH

HAS SUCCESSFULLY COMPLETED THE TRAINING FOR 45 HOURS

MEDICATION ADMINISTRATION REFRESHER TRAINING





SIGNED, WICKI RHODES, RN



therapeutic alternatives, inc.

MyTAhome.com

# CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

## LA'QUASIA BURCH

HAS SUCCESSFULLY COMPLETED THE TRAINING FOR 45 HOURS

MEDICATION ADMINISTRATION REFRESHER TRAINING





SIGNED, VJCKI RHODĖS, RN

### FAX COVER SHEET

Therapeutic Alternatives, Inc. 962 S. Fayetteville Street Asheboro, NC 27203 (336) 626-1700 Office (336) 625-2767 Fax

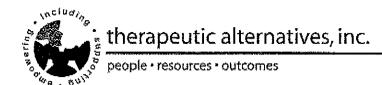
Send To: Mental Health Licensure and Certification Section - NCDHHS	From: Freda Kletsch, COO	
Attention: Kimberly Sauls, Facility Compliance Consultant I	Date: 7/23/19	
Office Location: Raleigh, NC	Office Location: Asheboro, NC	
FAX Number: 919-715-8078	Phone Number: (336) 626-1700	

- o Urgent
- o Reply ASAP
- o Please comment
- o Please review
- X For your information

Total Pages including cover sheet:28
Comments:
Plan of Correction attached in connection with Annual and Complaint Survey completed 7/11/19 – Yadkin Place, 360 Yadkin Road, Southern Pines, NC; MHL #063-087; Itake #NC00152879, NC00153189 and NC00153511.
Original being sent by regular mail.
IF BOX IS MARKED, the individual obtaining this document from the fax machine is requested to sign and return this cover sheet to the fax number indicated above.
Signature:

### **Confidentiality Notice**

The documents accompanying this cover sheet may contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately to arrange for the return of these documents.



MyTAhome.com

July 23, 2019

### BY REGULAR MAIL & TELEFAX (919-715-8078)

Mental Health Licensure and Certification Section North Carolina Department of Health and Human Services 2718 Main Service Center Raleigh, NC 27699-2718

Re:

Annual and Complaint Survey completed 7/11/19

Yadkin Place, 360 Yadkin Road, Southern Pines, NC 28387

MHL # 063-087

Intake #NC00152879, NC00153189 and NC00153511

### Dear Sir/Madam:

Enclosed please find our Plan of Correction in connection with the Department's Annual and Complaint survey completed on July 11, 2019. The original Plan of Correction is being sent to you by regular mail.

Please contact me if you need further information.

Yours truly,

Freda Kletach, Coo

Freda Kletsch, COO

FK:tf Enclosures