

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/17/2019
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NAME OF PROVIDER OR SUPPLIER THE LOVING HOME, INC #2	STREET ADDRESS, CITY, STATE, ZIP CODE 2162 DOBBIN HOLMES ROAD FAYETTEVILLE, NC 28312
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(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 July 17, 2019. The complaint was substantiated (Intake NC#00153375). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a drug regimen review for 3 of 3 audited clients (#1-#3) who received psychotropic drugs. The findings are:</p> <p>Finding #1: Review on 07/17/19 of client #1's record revealed: - Admission date of 01/12/13.</p>	V 121		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 121	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Diagnoses of Intermittent Explosive Disorder, Moderate Mental Retardation, Attention Deficit Hyperactivity Disorder and Reflux. - No drug regimen review had been completed. <p>Review on 07/17/19 of client #1's most recent medication revealed:</p> <ul style="list-style-type: none"> -Benztropine MES 2mg -Divalproex SOD ER 500mg -Latanoprost 0.005% -Olanzapine 15mg -Omeprazole 20mg -Tamsulosin HCL 0.4mg -Trazodone 100mg -Clonidine 0.1mg -Laxative 5mg -Ensure <p>Finding #2: Review on 07/17/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 11/28/07. - Diagnoses of Schizoaffective Disorder, Depressive Type, Anxiety Disorder, Mild Mental Retardation. -No drug regimen review had been completed. <p>Review on 07/17/19 of client #2's most recent medication revealed:</p> <ul style="list-style-type: none"> -Gabapentin 300mg -Levetiracetam 500mg -Montelukast SOD 10mg -Perphenazine 2mg -Quetiapine Fumarate 300mg -Topiramate 100mg -Trazodone 100mg -Hydroxyzine 25mg -Clonazepam 1mg 	V 121		

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V 121	<p>Continued From page 2</p> <p>Review on 07/17/19 of client #3's record revealed: -Admission date of 10/17/10. -Diagnoses of Obesity and Mild Mental Retardation -No drug regimen review had been completed.</p> <p>Review on 07/17/19 of client #3's most recent medication revealed: -Aspirin 81mg -Benzotropine MES 0.5mg -Citalopram 20mg -Docusate Sodium 100mg -Haloperidol 5mg -Haloperidol 100mg/ml -Latanoprost 0.005% -Loratadine 10mg -Metformin 500mg -Omeprazole 20mg -Quetiapine Fumarate 400mg -Calcium 600mg -Simvastatin 40mg -Hydroxyzine Pam 50mg</p> <p>During interview on 07/17/19 the Qualified Professional stated: -The pharmacy had been contacted and was visiting the facility within the next two days and the drug regimen reviews would be completed at that time.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>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:</p> <p>Observation on 07/16/19 and 07/17/19 at approximately 10:30 am revealed: -The front porch of the facility had two iron chairs with pieces of plywood in the seats to be used for sitting in the chairs. -Two smoke detectors were beeping indicating a battery needed to be changed or the system needed to be checked. -Client #2's bedroom had approximately 5 patched areas on the walls throughout the room, broken slates on the window blinds and the carpet was not stabilized to the floor and client #2 had a very unsteady gate. -The bathroom in client #2's bedroom had a large patched area on the wall next to the shower. -Client #1's bedroom had paint peeling from the wall behind the bed. -The kitchen had several areas of torn linoleum and a soft and squishy area on the floor due to possible rotting of the wood.</p> <p>Interview on 07/17/19 the Clinical Director stated: -He would address the issues and concerns of the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		