STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILBING.		R	
		MHL020-006	B. WING		06/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE. ZIP CODE		
		82 BOYD		,		
PLEASAN	T HILL GROUP HOME	ANDREW	S, NC 28901			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	June 26, 2019. Defici					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
V 118	8 27G .0209 (C) Medication Requirements		V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client'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 privileged to prepare and administer medications. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and					
	drug. (5) Client requests for checks shall be record	person administering the medication changes or ded and kept with the MAR pointment or consultation				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL020		MHL020-006	B. WING		R 06/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PLEASAN	T HILL GROUP HOME	82 BOYD S				
			S, NC 28901			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 1		V 118			
	•	ew, observation, and ailed to ensure medications				
	were administered as physicians orders we audited clients (Client findings are:	re available for 3 of 3				
	Review on 6/25/19 of Client #1's record revealed: Admission date: 12-6-95 Diagnoses: Mild Intellectual Disabilities, Down's Syndrome, Alzheimer's Disease with early onset, Type 2 Diabetes Mellitus with hyperglycemia, Benign Essential Hypertension, Pinguecula, Refractive amblyopia Bilateral, Age Related Osteoporosis without current pathological fracture, Toxic Gastroenteritis and Colitis, Pure Hypercholesterolemia. Physician order dated 9-14-18 for Levemir (Flex Pen) "Increase to 15 units. Check Fasting Blood sugar. If he tolerates it then increase to 18 units." Physician order for Blood Sugar Checks required check 2 times daily before breakfast and at 5:00 pm.					
	Client #1 revealed: April 2019 " AM checks range " PM checks range May 2019 " AM checks rang " PM checks rang June 2019	ed from 61 to 190 ed from 86 to 294 ed from 95 to 188 ed from 98 to 389 ed from 84 to 204				

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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	
			A. BOILDING.		R	
		MHL020-006	B. WING		06/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PLEASAN	T HILL GROUP HOME	82 BOYD S				
	CHIMMADV CT	ANDREWS ATEMENT OF DEFICIENCIES	, NC 28901	PROVIDENCE DI ANI OF CORRECTIO	N are	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 2		V 118			
	" PM checks ranged from 102 to 382					
	Review on 6-25-19 of Client #1's MARs for April - June 25, 2019 revealed: 18 units of Levemir noted on MAR and administered at 18 units daily.					
	Interview on 6-26-19 with Staff #2 revealed she checked Blood Sugar levels for Client #1 prior to breakfast and depending on his level she would: "strategize on what to prepare for his meal have him drink lots of water if greater than 200 "180-200 - "a sign its going up" would adjust "carb" intake Lower than 180 it would depend on what he was going to eat as to the units required. "Trying to get to 15 units Did not know of sliding scale directives for when to administer 15 or 18 units The facility failed to coordinate with the physician to clarify the required number of units to administer based on the blood sugar levels of Client #1, therefore the staff were routinely administering 18 units.					
	Admission date: 6-1-1 Diagnoses: Mild Ment Tremors, Menorrhagia Hyperlipidemia -unsprunspecified. Physician orders date " Claritin - 1 tab on	tal Retardation, Essential a Mood Swings, ecified, Bipolar Disorder, - ed 11-1-18 ace a day orally eam - apply to affected area aily				
	Review on 6-25-19 of	the April - June 25, 2019				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL020-006		B. WING		R 06/26/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
PI FASAN	T HILL GROUP HOME	82 BOYD	STREET			
		ANDREW	/S, NC 28901			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 3		V 118			
V 118	MARs and Medication revealed: " Claritin - MAR -1 times in April and no a or June. o Medication bottle " Invisible Acne Cr facility and no docum " Cepacol - MARmouth every 2 hours April no administratio o Medication bottle mouth every 2 hours Interview on 6/26/19 " She got her med know what they were Review on 6/25/19 of Admission date: 4-1 - Diagnoses: Anxiety Disorder, unspecified Hyponatremia, unspeand Mobility; Polycyth Hypercholesterolemia - Physician order for 3 drop in each eye at 7 PM	tab PRN - administered 2 administration noted in May e - 1 tab by mouth daily eam - no cream available in entation April - June 25 1 QH route dissolve in - administered 2 times in n in May or June e - dissolve 1 lozenge in as needed with Client #2 revealed: ication on time and she for. client #3's record revealed: 0-90 Disorder; Adjustment ; Hypoosmolality; cified; Abnormalities of Gait nemia, Secondary; Pure a Systane Ultra (eye drops) 1 200 AM, 4:00 PM, and 9:00				
	Administration Record revealed: -Systane Ultra was ad-	Client #3's Medication d (MAR) for 4/1/19 - 6/25/19 dministered as 1 to 2 drops				
	in each eye 3 times a day. Observation on 6/25/19 of Client #3's medication revealed: - Systane Ultra with a label indicating administration instructions for 1 drop in each eye 3 times a day.					

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DIVISION	i Health Service Regu	lation	1		1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		82 BOYD	STREET			
PLEASAN	T HILL GROUP HOME		S, NC 28901			
		ANDREW	5, NC 20901			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				DEI IOIENOT)		
V 118	Continued From page	. 1	V 118			
V 110	Continued From page	: 4	110			
	Intervious with Client +	#3 on 6/29/19 at 10:35 AM				
		53 011 0/29/19 at 10.33 AW				
	revealed					
	 He gets his medi 	cation "ok".				
	Interview on 6/25/19 v	with the Qualified				
	Professional revealed					
	Client #1					
		(1 P P				
		t have directives on when to				
	administer 15 or 18 units					
	" they play with it to get it (Blood Sugar Level)					
	to level out.					
	" Weekends the Blood Sugar Levels are much					
		an control food intake. At				
		als food even though he has				
	• •					
	a one on one working	WILLI TIITI.				
	Client #2					
	•	ome Manager and clarify				
	with doctor					
	Client #3					
	" did not know why	the MAR indicated Systane				
	Ultra administered as 1 to 2 drops in each eye 3					
	times a day.					
		lient #3 was receiving 1 or 2				
	drops in each eye 3 ti					
	They will get with the Doctor to clarify medication					
	orders and ensure they are administering					
	correctly. Staff who take clients to doctor					
	appointments bring back a document that					
	summarizes the appo					
	medications. However, those summaries do not always include a doctor signature. He will instruct					
		or sign the document each				
		or order is always in place				
	for medications.					
			1	1		

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