	ROVIDER OR SUPPLIER	MHL007-033				
OUNTRY X4) ID PREFIX	ROVIDER OR SUPPLIER		B. WING			
X4) ID REFIX		STREET	ADDRESS, CITY, S	TATE, ZIP CODE	•	
REFIX	Y LIVING GUEST HO	MF #2	ARKET STREE [®] NGTON, NC 27			
	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual survey w 2019. Deficiencies	vas completed on July 31, were cited.				
		sed for the following service C 27G .5600A Supervised th Mental Illness.				
	27G .0205 (C-D) Assessment/Treatr	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall I assessment, and ir legally responsible of admission for cli- receive services be (d) The plan shall i (1) client outcome achieved by provisi projected date of ac (2) strategies; (3) staff responsibl (4) a schedule for annually in consultar responsible person (5) basis for evaluar outcome achievem (6) written consent responsible party, o	ILITATION OR SERVICE be developed based on the n partnership with the client or person or both, within 30 day ents who are expected to eyond 30 days. include: (s) that are anticipated to be on of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of	5			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
		MHI 007-033	B. WING	B. WING		07/31/2019	
		ADDRESS, CITY, SI		017	51/2019		
	RY LIVING GUEST HO	ME #2 3052 M	ARKET STREET	EXTENSION			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 112	Continued From pa	age 1	V 112				
	Based on record refacility failed to developed on assessing clients (#1). The find Review on 07/30/19 revealed: - 49 year old male. - 49 year old male. - Admission date or - Diagnoses of Schand Diabetes Melliti - Treatment Plan data - No strategies to a Review on 07/30/19 dated 04/29/19 rev Sugar (FSBS) daily	9 of client #1's record f 04/05/18. izoaffective - Bipolar Disorder cus. ated 12/21/18. ddress client #1's Diabetes. 9 of a signed FL-2 for client # ealed check Finger Stick Bloc /. 9 of a physician order for clier	r 1 od				
	- FSBS of 326 and is normal for not ea less than 140 two h	an average of 250 (Under 10 ating for at least 8 hours and	0				
	for July 2019, June July 2019	9 of client #1's FSBS values 2019 and May 2019 revealed n a high of 242 and a low of	:t				
	June 2019 - FSBS ranged fror 160.	n a high of 227 and a low of					
	May 2019 - FSBS ranged fror 125.	n a high of 226 and a low of					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
MHL00		MHL007-033	B. WING		07/3	31/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
COUNTR	Y LIVING GUEST HO	MF #2	RKET STREET GTON, NC 278			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
V 112	Continued From pa	ige 2	V 112			
	months. - He was scheduled apartment on 09/01 - He was diagnosed - He checked his F - 2 different doctors values were under - He visited his hea Interview on 07/30/ - Client #1 was "son his Diabetes diagno - She provided clien Diabetes.	the facility for 1 year and 3 d to be discharged to his own l/19. d with Diabetes 3 months ago. SBS values daily. s told him as long as his FSBS 300 there was no concern. Ith care professional monthly. 19 staff #1 stated: mewhat" non-compliant with				
	his Treatment Plan - He had difficulty w residential strategie	tered Nurse stated: butside agency which created vith the other agency to include es for client #1. eduled to be discharged on				
V 123	27G .0209 (H) Med	lication Requirements	V 123			
	and significant adverted immediate pharmacist. An entrand the drug reaction	rs. Drug administration errors erse drug reactions shall be				

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION (M1 pervipersupprilerRectual identification NUMBER: MHL007-033 (M2 pervipersuppriler B. WING	Division	of Health Service Re	egulation				
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COUNTRY LIVING GUEST HOME #2 3052 MARKET STREET EXTENSION WASHINGTON, NC 27883 PREVIDER OF DEFICIENCY MUST BE PRECEDED BY FULL TAG IPREVIDER CONSTRUCT ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V123 Continued From page 3 shall be charted. V 123 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physical on opharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Meilitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication chores of wet reality. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 millegravient - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder and Diabetes Meilitus.				. ,			
3952 MARKET STREET EXTENSION WASHINGTON, NC 27889 PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG PROVDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVDER'S PLAN OF CORRECTION ADDULD BE (EACH CORRECTIVE ACTION SHOLD BE DEFICIENCY) OWN V123 Continued From page 3 shall be charted. V123 Image: Continued From page 3 shall be charted. V123 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: . Admission date of 04/05/18. . Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Image: Content #1 and date 04/29/19 revealed the following medication order: . Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milligrams . take one tablet twice daily Image: Content #1 dated 06/01/19 revealed the following medication order: . Lithium (treats Bipolar Disorder) . Lithium (treats Bipolar Disorder) Image: Content #1 dated 06/01/19 revealed the following medication order: . Lithium (treats Bipolar Disorder) Image: Content #1 dated 06/01/19 revealed the following medication order: . Lithium (treats Bipolar Disorder) Image: Content #1 dated 06/01/19 revealed the following medication order: . Lithium (treats Bipolar Disorder) Image: Content #1 dated 06/01/19 revealed th			MHL007-033	B. WING		07/31/2019	
COUNTRY LIVING GUEST HOME #2 WASHINGTON, NC 27889 (%) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST EE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PAG ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) (%) (ACH DEFICIENCY) V 123 Continued From page 3 shall be charted. . V 123 V 123 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication arrors and document refusals affecting one of three audited clients (#1). The findings are: . Review on 07/30/19 of client #1's record revealed: . 49 year old male. . Admission date of 04/05/18. . Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication arder: . Potassium (H)pokalemia) 20 millequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: . Lithium (treats Bipolar Disorder and Diabetes for client #1 dated 06/01/19 revealed the following medication order: . Lithium (treats Bipolar Disorder at base of water daily.	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Preferix TAG IEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE V 123 Continued From page 3 shall be charted. V 123 V 123 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - - 43 year old male. - 43 year old male. - - - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - - Potassium (H)pokalemia) 20 milliquivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - - Uthum (treats Bipolar Disorder) a take one tablet twice daily - -	COUNTR	Y LIVING GUEST HO	MF #2				
shall be charted. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE	Ξ
This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/1/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily	V 123	Continued From pa	ge 3	V 123			
Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily		shall be charted.					
Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
of medication errors and document refusals affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
affecting one of three audited clients (#1). The findings are: Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
Review on 07/30/19 of client #1's record revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
revealed: - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily		findings are:					
 - 49 year old male. - Admission date of 04/05/18. - Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily 			9 of client #1's record				
 Admission date of 04/05/18. Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: Lithium (treats Bipolar Disorder) 300 milligrams take one tablet twice daily 							
and Diabetes Mellitus. Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily		- Admission date of					
and dated 04/29/19 revealed the following medication order: - Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
 medication order: Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: Lithium (treats Bipolar Disorder) 300 milligrams take one tablet twice daily 							
Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily		medication order:	-				
2 packets in 8 ounces of water daily. Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily		()	, ,				
discharge sheet for client #1 dated 06/01/19 revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily			tee et mater dany.				
revealed the following medication order: - Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
- Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily							
- take one tablet twice daily							
Review on 07/30/19 of client #1's May 2019, June							
Review on 07/30/19 of client #15 May 2019, June		Daviow on 07/20/40) of alight #1's May 2010 June				
2019 and July 2019 MARs revealed the following							
dates and times a handwritten letter "c" was used							
to indicate a refusal of medication and no		to indicate a refusal	l of medication and no				
documentation a physician or pharmacist was							
immediately notified of refusals. May 2019			d of refusals.				
ivision of Health Service Regulation	Division of H	-					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		MHL007-033	B. WING		07/31/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S ⁻	TATE, ZIP CODE		
OUNTR	Y LIVING GUEST HO	MF #2	ARKET STREET NGTON, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 123	Continued From pa	ge 4	V 123			
	- Potassium Chloric 05/29/19.	de - 05/01/19, 05/08/19 and				
	and 06/09/19 thru 0 - Lithium - 06/02/19) thru 06/30/19 at 8am.), 06/06/19, 06/09/19 and				
		de - 07/03/19, 07/05/19 thru thru 07/20/19 and 07/22/19				
	months. - He was scheduled apartment on Septe - He refused his Lit complications with - His physician char medication and he - He had refused hi	the facility for 1 year and 3 d to be discharged to an ember 1, 2019. hium because it caused his blood sugar values. nged his Lithium to another was doing well. s Potassium because the feel like he had a "lump" in his	5			
	be notified of medic - Client #1's physici	tered Nurse stated: hysician or pharmacist should cation errors. an was aware of the refusal o y changed the medication.				
V 366	27G .0603 Incident	Response Requirments	V 366			

STATE NEWLY OF CORRECTION (X) PROVIDERSUPPLIENCIAL IDENTIFICATION NUMBER: (X) PROVIDERSUPPLIENCIAL IDENTIFICATION NUMBER: (X) DROVERSUPPLIENCIAL IDENTIFICATION NUMBER: (X) DROVERSUPPLIEN	Division	of Health Service Re	equiation			1 01 117	
NME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COUNTRY LIVING GUEST HOME #2 3952 MARKET STREET EXTENSION WASHINGTON, NC 27889 PROVIDER OF NUMBER OF DEFICIENCES TAG SUMMARY STATEMENT OF DEFICIENCES INFORMATION OF DEFICIENCES DEFUL REQULATORY OR LSC DENTIFYING INFORMATION PROVIDERCTIVE AND CORRECTIVE TAG Image: Construction of the correction (CONSTRETTIVE ACTION DEFICIENCES) DEFUL REQULATORY OR LSC DENTIFYING INFORMATION Image: Construction of the correction (CONSTRETTIVE ACTION DEFICIENCES) DEFUL (CONSTRETTIVE ACTION DEFICIENCES ACTION DEFICIENCES) (CONSTRETTIVE ACTION DEFICIENCES) DEFUL (CONSTRETTIVE ACTION DEFUL (CONSTRETTIVE ACTION DEFICIENCES) DEFUL (CONSTRETTIVE A	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
382 ARRECT STREET EXTENSION WASHINGTON, NC 27883 CMULTION OF DEFICIENCY RECEIPTION OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG DPREFIX (EACH DORRECTIVE ACTION SHOULD BE RECULATION FOR USE DEMINIPING INFORMATION) DPREFIX (EACH DORRECTIVE ACTION SHOULD BE RECULATION FOR USE DEMINIPING INFORMATION) DPREFIX (EACH DORRECTIVE ACTION SHOULD BE RECULATION FOR USE DEMINIPING INFORMATION) V 366 V 366 Continued From page 5 V 366 V 366 Intelligent of the CONSTRETE CONSTRETE CONSTRETE CONTROL TO THE APPROPRIATE DEFICIENCY DEFICIENCY V 366 Continued From page 5 V 366 V 366 Intelligent of the Inclent (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by; (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 day; (4) developing and singlementing reasures to preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 268, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraph (a) (11) through (a) (6) of this Rule, (b) In addition to the requirements set forth in Paragraph (a) (11) this Rule, (CFR Part 483 Subpart I, (c) In addition to the requirement set forth in Paragraph (a) (11) fincident that accurs while the provider is delivering a billabeservice or while the provider is delivering abillabe se			MHL007-033	B. WING		07/3	1/2019
COUNTRY LIVING GUEST HOME #2 WASHINGTON, NC 27889 (X) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EXCH DEFICIENCY) ID PREFIX PROVIDERS PLANOF CORRECTION (EXCH DEFICIENCY) Construction	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAID PHERX TAG Summary Statement of DEFICENCIES (EACH DEFICIENCY) p (EACH DEFICIENCY) <th< td=""><td>COUNTR</td><td>Y LIVING GUEST HO</td><td>MF #2</td><td></td><td></td><td></td><td></td></th<>	COUNTR	Y LIVING GUEST HO	MF #2				
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTIONY OR LSCIDENTIFYING INFORMATION) PRÉFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CORSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CONTINUED TO SHOULD BE CORSS-REFERENCED TO THE APPROPRIATE CONTINUED TO SHOULD BE DEFICIENCY) V366 Continued From page 5 V366 V366 10A NCAC 27G, 0803 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY AAND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level or III incidents. The policies shall require the provider to respond by: V366 (1) attending to the health and safety needs of individuals involved in the incident: (2) determining the cause of the incident: (2) determining the cause of the incident: (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (6) adsing person(s) to be responsible for implementation of the corrections and preventive measures; (6) addition to the requirements set forth in G.S. 75, Article 2A, 10A NCAC 28B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraph (a) of this Rule, CFMR providers shall address incidents as required by the federal regulations in 42 CFR Part 43 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, CFMR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a bill			WASHING	$\mathbf{STON}, \mathbf{NC} \ \mathbf{ZI}$	7889		
 10A NGAC 27G. 0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY AAND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level 1, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents are equired by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement ther policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider's premises. 	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level 1. If or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule. (CF/MR providers shall address incidents as required by the federal regulations in 42 CFR Parts 483 Subpart 1. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:	V 366	Continued From pa	ge 5	V 366			
Division of Health Service Regulation		10A NCAC 27G .06 RESPONSE REQU CATEGORY A AND (a) Category A and implement written pro- response to level I, shall require the pro- (1) attending of individuals involv (2) determinin (3) developin measures accordin timeframes not to e (4) developin to prevent similar in specified timeframe (5) assigning for implementation preventive measure (6) adhering set forth in G.S. 75, 42 CFR Parts 2 and 164; and (7) maintainin Subparagraphs (a)((b) In addition to th Paragraph (a) of this shall address incide regulations in 42 CF (c) In addition to th Paragraph (a) of this providers, excluding develop and implem their response to a while the provider is or while the client is The policies shall re- by: (1) immediate	 INCIDENT IREMENTS FOR B PROVIDERS B providers shall develop and policies governing their II or III incidents. The policies povider to respond by: to the health and safety needs ed in the incident; Ing the cause of the incident; Ing and implementing corrective g to provider specified exceed 45 days; Ing and implementing measures incidents according to provider set to exceed 45 days; Ingerson(s) to be responsible of the corrections and es; to confidentiality requirements Article 2A, 10A NCAC 26B, d 3 and 45 CFR Parts 160 and and 45 CFR Parts 160 and and 45 CFR Parts 160 and and 10 gdocumentation regarding (1) through (a)(6) of this Rule. Interquirements set forth in a Rule, ICF/MR providers ents as required by the federal FR Part 483 Subpart I. Interquirements set forth in a Rule, Category A and B g ICF/MR providers, shall ment written policies governing level III incident that occurs a delivering a billable service and the provider's premises. 				

Division	of Health Service Re	gulation				
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		MHL007-033	B. WING		07/3	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COUNTR	Y LIVING GUEST HO	MF #2	KET STREE	ET EXTENSION 7889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 366	 (B) making a (C) certifying (D) transferring (D) transferring (2) convening review team withing internal review team withing internal review team withing who were not involved were not responsible with direct profession services at the time review team shall control follows: (A) review the determine the facts and make recommended 	the client record; photocopy; the copy's completeness; and g the copy to an internal 24 hours of the incident. The n shall consist of individuals ved in the incident and who le for the client's direct care or onal oversight of the client's of the incident. The internal omplete all of the activities as a copy of the client record to and causes of the incident endations for minimizing the	V 366			
	 (C) issue writt within five working of preliminary findings LME in whose catch located and to the L if different; and (D) issue a fin owner within three of final report shall be catchment area the LME where the clies final written report so identified by the inter include all public do incident, and shall r minimizing the occu all documents need available within three 	ten preliminary findings of fact days of the incident. The of fact shall be sent to the ment area the provider is .ME where the client resides, al written report signed by the months of the incident. The sent to the LME in whose provider is located and to the nt resides, if different. The shall address the issues ernal review team, shall bouments pertinent to the make recommendations for urrence of future incidents. If led for the report are not be months of the incident, the provider an extension of up to				

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL007-033	B. WING		07/3	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COUNTR	RY LIVING GUEST HO	MF #2	RKET STREE STON, NC 27	T EXTENSION 7889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROINDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 366	 (3) immediate (A) the LME r area where the serve Rule .0604; (B) the LME r different; (C) the provide for maintaining and treatment plan, if di provider; (D) the Depar (E) the client applicable; and 	omit the final report; and ely notifying the following: esponsible for the catchment vices are provided pursuant to where the client resides, if der agency with responsibility updating the client's fferent from the reporting	V 366			
Division of H	facility failed to doc incidents. The findin See Tag V123 for s Review on 07/30/19 incident reports doc medication refusals July 2019. Interview on 07/30/ Professional/Regist - He was aware a le generated for medi - Client #1's physici	views and interviews the ument their response to level I ngs are: pecifics. 9 of facility records revealed no cumented for client #1's 5 in May 2019, June 2019 or 19 the Qualified				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL007-033				07/	31/2019		
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST				
OUNTR	Y LIVING GUEST HO		ARKET STREET				
(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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 366	Continued From pa	age 8	V 366				
	- Client #1 was ver	y independent.					