STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-613	A. BUILDING: _____ B. WING _____	R 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF CARE, INC	1118 KIMBALL DRIVE DURHAM, NC 27712

(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	INITIAL COMMENTS An annual and follow up survey was completed on 9/9/2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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V 119	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three clients (#1). The findings are: Review on 9/9/19 of client # 1's record revealed: -Admission date of 6/20/15. -Diagnoses of Mild Intellectual Developmental Disability and Schizoaffective Disorder. -Physician's order dated 5/3/18 for Ativan 1 mg, one tablet as needed. -The August 2019 MAR indicated an Ativan 1 mg tablet was given to client #1 on 8/7/19. Observation on 9/9/19 at approximately 10:15 AM of the medication area revealed: -The packet of Ativan 1 mg tablets for client #1 had expired on 5/3/19. Interview on 9/9/19 with the Qualified Professional revealed: -Client #1 rarely took the Ativan medication. -She thought the Ativan for client #1 was recently discontinued by the physician. -Staff possibly did not realize the Ativan 1 mg tablets had expired for client #1. -She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.	V 119		