Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MIII 000 400	B. WING		F	
		MHL068-128	B. WING		10/1	1/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUNRISE	E CASAWORKS AT H	ORIZONS	NOR DRIVE HILL, NC 27	599		
(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)	D BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
	on October 11, 201	w up survey was completed 9. Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .4100 Therapeutic als with Substance Abuse Children.				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	TREATMENT/HABI PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall in (1) client outcome(achieved by provision projected date of accepted date of acce	nclude: s) that are anticipated to be on of the service and a chievement; e; review of the plan at least ution with the client or legally or both; ation or assessment of				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		E CONSTRUCTION		E SURVEY PLETED
		MHL068-128	B. WING			R 11/2019
NAME OF	PROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY, S	STATE, ZIP CODE		
		211	CONNOR DRIVE	,		
SUNRIS	E CASAWORKS AT H	ORIZONS CH.	APEL HILL, NC 27	7599		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From pa	age 1	V 112			
V 112	This Rule is not me Based on record refacility failed to devito address the need three clients (#1, #2 a. Review on 10/10 revealed: -Admission date of -Diagnosis of Opioi-Physician's order the dated 2/12/19Physician's order the child (client #1a-Physician's order of the child (client #1a-Physician's order of SR 150 mg, one tal-Physician's order of SR 150 mg, one tal-Physician's order of the cream, apply to affollow, apply dailyPhysician's order for the cream, apply to affollow, apply dailyPhysician's order for the cream, apply to affollow, apply dailyPhysician's order for the Cotober 2019 Record (MAR) had PM, 10/7 AM and 1 10/1 through 10/9 for the October 2019 Record (MAR) had PM, 10/7 AM and 1 10/1 through 10/9 for the September 20/9/25 for Bupropion and 9/20 both dose 9/15 for Ketoconazand 9/19 through 9/15 for Ketoconazand 9/19	et as evidenced by: views and interviews, the elop and implement strate ds and behaviors for three 2 and #3). The findings a /19 of client #1's record 2/12/19. d Dependence. o self administer medications a) dated 2/12/19. dated 9/30/19 for Colace //o times daily. dated 9/16/19 for Bupropic blet in the morning. dated 8/14/19 for Chantix s daily; Ketoconazole 2% exted area daily and Retir for client #1a dated 7/6/19 , apply topical two times of or client #1a dated 4/5/19	egies e of re: ions to 100 on 1mg, n A 0 for daily. 0 for n, 10/5 eg; m ses rough 9/15 for			

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	NT OF DEFICIENCIES OF CORRECTION		/SUPPLIER/CLIA TION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				A. BUILDING:		F	5
		MHL068	3-128	B. WING			1/2019
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRIS	E CASAWORKS AT H	ORIZONS		IOR DRIVE HILL, NC 27	599		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ige 2		V 112			
	8/11 PM, 8/12 AM a 8/15, 8/15 and 8/18 Ketoconazole 2% o 0.005 -Person Centered I updated 7/8/19 had refusing to take pre refusing to ensure to her child.	8 through 8/31 cream and 8/2 Plan dated 2/1 I no strategies escribed medic	for 4 for Retin A 2/19 and to address cations and				
	Review of facility re *Incident reports for medication refusals -Bupropion SR 150 8/12/19, 9/25/19 ar -Chantix 1mg refus 8/12/19-AM dose, 8/12/19-AM dose, 9/20/19-bot 9/25/19-AM dose, -Ketoconazole 2% 8/15/19, 8/16/19, 8/16/19, 8/16/19, 9/12/19, 9/15/19 ar *Incident reports for missed doses: -Lotrimin 1% missed and 7/11/19 throug -Melatonin 1 mg m through 5/18/19; 5/b. Review on 10/10 revealed: -Admission date of -Diagnoses of Opic Dependence and F-Physician's order of dated 7/29/19Physician's order of Vitamin Plus, one to	r client #1 had six and 9/26/19. The doses on 8 18/19-PM do h doses, 9/21/cream refused /18/19 through used doses on 1/2 through r client #1a had doses on 7/4 7/15/19 AM/dissed doses on 20/19 through 1/19 of client #17/29/19. The dose of administration of the doses on 3/4 through 1/19 of client #18/19/19 of client #18/19/19. The dose of administration of the dose of the	I the following loses on 8/10/19, 8/11/19-PM dose, se, 9/19/19-both 19-PM dose and d doses on 9/26/19. 8/24/19, 9/7/19, h 9/26/19. ad the following 19/19-AM doses PM. n 5/10/19 5/31/19. 2's record ce, Amphetamine ster medications or Prenatal				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL068-	128	B. WING			R 11/2019
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
SUNRIS	E CASAWORKS AT H	ORIZONS	_	NOR DRIVE HILL, NC 27	599		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From para-The October 2019 Prenatal Vitamin Pl through 10/7The September 20 9/1 through 9/15 for -The August 2019 M 8/15/19 and 8/16/18 8/3 through 8/5, 8/8 Vitamin Plus and 8/ through 8/31 for Hy -Person Centered F strategies to address medications. Review of facility re Incident reports for medication refusals -Prenatal Vitamin P 8/3/19 through 8/5// 8/19/19, 8/24/19, 8/ through 9/30/19 and -Hydrocortisone 2.5 through 8/11/19 and c. Review on 10/10/ revealed: -Admission date of -Diagnosis of Coca -Physician's order to dated 8/19/19Physician's order to the children (clients) -Physician's order to 10 mg, instill one sp Amitriptyline 25 mg 40 mcg, inhale -Physician's order f Hydrocortisone 2.55/	MAR had refuse us and Hydrocal 19 MAR had blank of for Hydrocortia MAR had blank of for the Subute 1, 8/12 and 8/13 of through 8/5, drocortisone 2 Plan dated 7/29 of serefusing to the cords on 10/9/client #2 had the cords on 10/9/client #3 had 10/1/19 through 19/19, 8/26/19 of client #3 through 19/19. In the Dependence of Self administer metal and #3b) of cords on tablet every into each in the cords of the	ortisone 10/1 plank boxes on sone 2.5 %. boxes on ex 8 mg; 8/1, 3 for Prenatal 8/12, 8/13, 8/17 by 19 had no ake prescribed 19 revealed: he following ses on 8/1/19, 2/19, 8/13/19, 9/17/19 gh 10/7/19. ses on 8/6/19 gh 8/16/19. by record ce. er medications to lated 8/19/19. or Nicotrol NS nostril daily; ery night; Ovar daily. or Advair Diskus y, ated 10/4/19 for	V 112			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY
		A. BUILDING:			
	MHL068-128	B. WING			⋜ I1/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE CASAWORKS AT HO	RIZONS	IOR DRIVE HILL, NC 27	599		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Triamcinolone 0.1% two times dailyPhysician's order fo Flovent HFA 110 mcg Gavilax powder 17 g Montelukast 4 mg, c at bedtime and Hydrapplication dailyThe October 2019 M 10/1 both doses, 10/1 for Advair Diskus 100 and 10/5 through 10/6 for 10/1 through 10/6 for 10/1 through 10/6 for 10/1 through 9/30 both domcgThe September 201 9/1 PM, 9/2 PM, 9/7 through 9/30 both domcgThe August 2019 M both doses, 8/25 bot through 8/31 PM dose mcgThe October 2019 M boxes on 10/1 through 9/1 through 9/1 through 9/1 for 10/1 through 9/2 both doth doses, 9/8 PM, 9/9 b through 9/2 both doth doses, 9/8 PM, 9/9 b through 9/30 both doth 10/1 through 9/30 both doth 10/1 through 10/9 boxes on 10/6 PM for 10/1 through 10/9 boxes on 10/6 PM for 10/1 through 10/9 boxes or 10/6 PM for 10/1 through 10	or client #3a dated 8/20/19 for cream, apply to affected area or client #3b dated 9/26/19 for g, two puffs two times daily; Im, mix with liquid daily; hew and swallow one tablet occrtisone 2.5 %, apply one of MAR had blank boxes on 1/3 PM, 10/7 PM and 10/9 PM 0/50 mcg; 10/1 through 10/3 or Nicotrol NS 10 mg; r Amitriptyline 25 mg and r Ovar 40 mcg. 19 MAR had blank boxes on 1/2 PM, 9/9 AM and 9/24 oses for Advair Diskus 100/50 mAR had blank boxes on 8/24 th doses, 8/26 AM, 8/27 oses for Advair Diskus 100/50 mAR for client #3a had blank gh 10/5 both doses for a cream; 10/1 through 10/10 m 10/9 PM for Triamcinolone mark for client #3a had pM, 9/2 through 9/7 both both doses, 9/10 AM, 9/11 oses, 9/24 PM and 9/25	V 112			

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STATEMENT OF DEFICIENT AND PLAN OF CORRECTION			R/SUPPLIER/CLIA CATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
				A. BUILDING.			R
		MHL0	68-128	B. WING			11/2019
NAME OF PROVIDER OR	SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE CASAWOR	KS AT H	ORIZONS		NOR DRIVE HILL, NC 27	599		
(X4) ID SUM	IMARY STA	TEMENT OF DE		ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX (EACH D			CEDED BY FULL G INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLÉTE DATE
V 112 Continued	Continued From page 5			V 112			
both doses both doses for Gavilax Monteluka -Person Co strategies medication	s, 9/8 PW for Hyd powder st 4 mg. entered I to address s and re	l, 9/12 PM, 9 rocortisone 2 17 gm and 9 Plan dated 8	/19/19 had no o take prescribed sure she				
*Incident remedication -Advair Dis 8/24/19 bo doses; 9/7 both doses *Incident remissed do: -Triamcino 8/23/19 thr and 9/25/1 *Incident remissed do: -Flovent H through 8/2 9/21/19, 9/ -Gavilax period and 9/18/1 -Monteluka 9/18/19 thr -Hydrocort through 9/8 Interview w -She had repastShe did nemedication	eports for refusals kus 100 th times; land of the ses: lone 0.1 lo	r client #3 has: /50 mcg refu /50 se; 9/24/19 r client #3a h /6 cream mis /5/19; 9/10/19 h 9/28/19. r client #3b h /6 gm missed of /7/19, 9/8/19; /24/19 and 9 /7 gm missed dose /5/19, 9/14/19 /5 % missed dose /5/19; 9/14/19 /5 take her m /5 take her m /5 e going to the	/9/19 revealed: ad the following used doses on ough 9/2/19 both through 9/29/19 and the following used doses on through 9/23/19 and the following doses on 8/22/19 9/18/19 through /26/19. doses on 9/7/19 es on 9/7/19 and doses on 9/5/19 through 10/5/19. 1/19 revealed: edications in the use office to get her and a bad attitude,				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			,
		MHL068-128	B. WING		10/1	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	E CASAWORKS AT H	ORIZONS	NOR DRIVE HILL, NC 27	7599		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 112	Continued From pa	age 6	V 112			
	therefore she avoid medicationShe had refused to as wellShe was also refused to client #1a due to late. She felt like she did the medication at the little she with the she	led going to the office to get o give client 1a his medication sing medication for herself and ck of time. Id not have enough time to get the office someday's.				
	-She stopped taking the Prenatal Vitamins					
	because they made her feel sickShe stop taking the Hydrocortisone cream because she felt like she no longer needed it.					
	Interview with client -She thought she fadaysShe normally took -She did not apply to client #3aShe did not apply to longer had a ras	t #3 on 10/11/19 revealed: ailed to use her inhaler a few her oral medications daily. the Triamcinolone cream for the cream because client #3a sh. why she missed administering				
	Residential Advisor -The clients were reduring all dosing tin -Clients' #1, #2 and their medicationsClients' #1 and #3 children medicatior -Clients' #1, #2 and they did not feel like -She confirmed cliestrategies to address medications and/or	equired to come to the office nes. I #3 all refused to take some of also refused to give their				

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				A. BUILDING.		F	,
		MHL068	-128	B. WING			1/2019
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	E CASAWORKS AT H	ORIZONS	_	IOR DRIVE HILL, NC 27	599		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From page 7			V 112			
	Interview with the F and 10/10/19 revea -She was aware of -If there were blank clients probably ref -The clients also dimedications if the N -Client #1 would no office to get her me -She did not know their medicationsShe was not sure refusing to give the -She confirmed clies strategies to address medications and/or administered medications.	client #1 refuses boxes on the used their med donot administed MAR was blanked toonsistently decirations. Clients' #2 and why clients' #1 ir children med ents' #1, #2 and se refusing to enter	ing medications. MAR's the dications. er their children c. come to the 3 were refusing and #3 were dication. d #3 had no ake prescribed sure they				
V 118	27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person adrugs. (2) Medications shadlients only when a client's physician. (3) Medications, incadministered only builticensed persons pharmacist or other privileged to prepar (4) A Medication Acall drugs administered current. Medication	inistration: non-prescription d to a client or uthorized by la all be self-admi uthorized in wr cluding injection by licensed per trained by a re r legally qualifier e and adminis liministration R red to each clie	on drugs shall in the written law to prescribe inistered by iting by the law, shall be sons, or by egistered nurse, ed person and ter medications. ecord (MAR) of ent must be kept	V 118			

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		MHL068-128	B. WING		10/1	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	CASAWORKS AT H	ORIZONS	NOR DRIVE			
	OLIMAN DV OTA		HILL, NC 27			
(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 APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 8	V 118			
	recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be received file followed up by a with a physician.	ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow the physician's orders for two of three clients (#1 and #2) and failed to keep the MAR current for three of three clients (#1, #2 and #3). The findings are: 1. The following is evidence the facility failed to					
	a. Review on 10/10 revealed: -Admission date of -Diagnosis of OpioiPhysician's order to dated 2/12/19Physician's order or mg/2 mg, dissolve of times dailyAugust 2019 MAR administered the Signature of t	's orders. /19 of client #1's record 2/12/19.				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` '			LETED
					F)
		MHL068-128	B. WING			1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
OLINDIO	- OAOAWODKO AT IK	211 CON	NOR DRIVE			
SUNRISI	E CASAWORKS AT H	CHAPEL	HILL, NC 27	599		
(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 APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 9	V 118			
	following: *8/22/19-Suboxone *9/20/19-Suboxone *9/21/19-The wrong administered.	was not administered. was not administered. was not administered. dose of Suboxone was				
	 b. Review on 10/10/19 of client #2's record revealed: -Admission date of 7/29/19. -Diagnoses of Opioid Dependence, Amphetamine Dependence and Hepatitis C. -Physician's order to self administer medications dated 7/29/19. -Physician's order dated 10/7/19 for Subutex 8 mg, dissolve one half tablet 4 mg under the tongue daily. -The August 2019 MAR had blank boxes on 8/15/19 and 8/16/19 for the Subutex 8 mg. 					
	Review of facility records on 10/9/19 revealed: -Incident reports for client #2 revealed the following: *8/15/19-Subutex was not administered. *8/16/19-Subutex was not administered. *9/28/19-Subutex was not administered. Interview with client #1 on 10/11/19 revealed: -She did run out of the Suboxone medicationShe thought she missed at least two doses of the Suboxone.					
	-She ran out the Su month ago.	#2 on 10/11/19 revealed: butex medication about a as out of Subutex for about				
		#1 on 10/10/19 revealed: ut of the Subutex for about two				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
			A. BUILDING			_
		MHL068-128	B. WING			≺ I1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
SUNRISI	E CASAWORKS AT H	ORIZONS	NNOR DRIVE L HILL, NC 27	599		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	nge 10	V 118			
	physician's orders f Interview with the P revealed: -She was not aware out of those prescri		J			
	-She was not sure why clients' #1 and #2 run out of those medicationsShe confirmed staff failed to follow the physician's orders for clients' #1 and #2.					
	2. The following is a keep the MAR curre	evidence the facility failed to ent.				
	revealed: -Physician's order to dated 2/12/19Physician's order of SR 150 mg, one tall-Physician's order of mg, one capsule two-Physician's order of one tablet two times cream, apply to affe 0.005, apply dailyThe October 2019 10/4 PM, 10/5 PM, Colace 100 mg; 10/4 PM, 10/5 PM, Colace 100 mg; 10/4 PM, Colace 100 mg; 10/4 PM, 10/5 PM, 10/5 PM, 10/4 PM, 10/5 PM, 10/4 PM, 10/5 PM, 10/5 PM, 10/	dated 9/30/19 for Colace 100 to times daily. dated 8/14/19 for Chantix 1mg s daily; Ketoconazole 2% ected area daily and Retin A MAR had blank boxes on 10/7 AM and 10/8 PM for	J ,			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
			A. BUILDING:			n
		MHL068-128	B. WING			R 11/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	E CASAWORKS AT H	ORIZONS	INOR DRIVE . HILL, NC 27	599		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	age 11	V 118			
	Bupropion SR 150 8/11 PM, 8/12 AM a 8/15, 8/15 and 8/18 Ketoconazole 2% o	mg on 8/29 through 8/31 PM; and 8/18 PM for Chantix 1mg;				
	revealed: -Admission date of -Diagnoses of Opic Dependence and H	7/29/19. bid Dependence, Amphetamin depatitis C.	e			
	-Physician's order to self administer medications dated 7/29/19Physician's order dated 10/7/19 for Subutex 8 mg, dissolve one half tablet 4 mg under the tongue dailyPhysician's order dated 8/5/19 for Prenatal Vitamin Plus, one tablet daily and Hydrocortisone 2.5 %, apply one application two times dailyThe September 2019 MAR had blank boxes on 9/1 through 9/15 for for Hydrocortisone 2.5 %The August 2019 MAR had blank boxes on					
	8/3 through 8/5, 8/8 Vitamin Plus and 8/	9 for the Subutex 8 mg; 8/1, 3, 8/12 and 8/13 for Prenatal /1 through 8/5, 8/12, 8/13, 8/17 /drocortisone 2.5 %.	7			
	c. Review on 10/10 revealed: -Admission date of	0/19 of client #3's record 8/19/19.				
	-Diagnosis of Coca -Physician's order t dated 8/19/19.	nine Dependence. to self administer medications				
	her children (client -Physician's order of 10 mg, instill one s	to administer medications to #3a and 3b) dated 8/19/19. dated 9/27/19 for Nicotrol NS pray into each nostril daily; none tablet every night; Ovar				
	40 mcg, inhale one	puff two times daily. dated 5/30/19 for Advair Disku	S			

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	Of Fleatin Service IN				0.00 - :-	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	J. JOHN LOTTON	DEITH 10, CHOWNER.	A. BUILDING:		JOIVII	
					R	₹
	MHL068-128		B. WING		10/1	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			OR DRIVE	,		
SUNRISE CASAWORKS AT HORIZONS			HILL, NC 27	599		
	OLIMANA DV. OTA		1			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 118	Continued From pa	ae 12	V 118			
	•					
		for client #3a dated 10/4/19 for				
	_	% cream, apply two times				
	dailyPhysician's order f	or client #3a dated 8/20/19 for				
		6 cream, apply to affected area				
	two times daily.	o ordani, apply to anosted area				
		or client #3b dated 9/26/19 for				
		cg, two puffs two times daily;				
		gm, mix with liquid daily;				
		chew and swallow one tablet				
		Irocortisone 2.5 %, apply one				
	application daily.	MAD be all bloods become as				
		MAR had blank boxes on				
		0/3 PM , 10/7 PM and 10/9 PM 00/50 mcg; 10/1 through 10/3				
		0/7 for Nicotrol NS 10 mg;				
		or Amitriptyline 25 mg; 10/1				
	through 10/6 for Ov					
		019 MAR had blank boxes on				
		7 PM, 9/9 AM and 9/24				
	through 9/30 both of	loses for Advair Diskus 100/50				
	mcg.					
		MAR had blank boxes on 8/24				
		oth doses, 8/26 AM , 8/27				
	•	oses for Advair Diskus 100/50				
	mcgThe October 2019	MAR for client #3a had blank				
		ugh 10/5 both doses for				
		% cream; 10/1 through 10/10				
		gh 10/9 PM for Triamcinolone				
	0.1% cream.	,				
	-The September 20	019 MAR for client #3a had				
		PM, 9/2 through 9/7 both				
		both doses, 9/10 AM, 9/11				
		loses, 9/24 PM and 9/25				
	through 9/30 both of					
		MAR for client #3b had blank				
		for Flovent HFA 110 mcg; 10/1				
	•	loses for Hydrocortisone 2.5%				
	cream.				l.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				A. BUILDING:		R	
		MHL06	68-128	B. WING			` 1/2019
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE CASAWORKS AT HORIZONS				IOR DRIVE HILL, NC 27	599		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 13		V 118			
	-The September 20 blank boxes on 9/7 9/26 AM for Floven both doses, 9/8 PM both doses for Hyd for Gavilax powder mg.	PM, 9/8 PM t HFA 110 m l, 9/12 PM, 9 rocortisone 2	, 9/21 AM and cg; 9/5 AM, 9/7 //16 through 9/30 /2.5% cream; 9/7				
	Interview with the Frevealed: -If there were blank clients probably refi-The clients also dimedications if the Minister of Staff were supposed administered medicing -Staff were aware the boxes blankThe clients self addiction -The clients administering clients administering the confirmed state current for clients: #3-She confirmed state current for client #3-This is a fine client #3-This is	boxes on thused their md not administed to write "Fossibly forgocations. hey can't justice the medical for the Market for the	ne MAR's the edications. ster their children nk. R" for any refusals. It to sign off for the leave the MAR redication for their MAR eep the MAR as eep the MAR as and 3b).				
	This deficiency con and must be correct						
V 120	27G .0209 (E) Med	ication Requ	irements	V 120			
	10A NCAC 27G .02 REQUIREMENTS (e) Medication Stor (1) All medication s (A) in a securely loc	age: hall be store	d:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	2
		MHL068-128	B. WING			1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	E CASAWORKS AT H	ORIZONS	IOR DRIVE HILL, NC 27	500		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
V 120	Continued From pa	ge 14	V 120			
	well-lighted, ventilar and 86 degrees Fa (B) in a refrigerator degrees and 46 derefrigerator is used shall be kept in a se or container; (C) separately for e (D) separately for e (E) in a secure mar for a client to self-ra (2) Each facility tha controlled substance registered under the	ted room between 59 degrees hrenheit; , if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment ach client; xternal and internal use; nner if approved by a physician nedicate. It maintains stocks of the shall be currently to North Carolina Controlled S. 90, Article 5, including any				
	interviews the facilimate were stored separate to ensure external affecting two of three The findings are: 1. The following is ensure medications each client. a. Review on 10/10	on, record reviews and ty failed to ensure medications tely for each client and failed and internals stored separately see current clients (#1 and #3). Evidence the facility failed to severe stored separately for				
	 a. Review on 10/10/19 of client #1's record revealed: -Admission date of 2/12/19. -Diagnosis of Opioid Dependence. -Physician's order to self administer medications dated 2/12/19. -Physician's order to administer medications to her child (client #1a) dated 2/12/19. -Physician's order dated 9/30/19 for Colace 100 					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, a solesino.		F	.
		MHL068-128	B. WING	 		1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE CASAWORKS AT HORIZONS			NOR DRIVE HILL, NC 27	599		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 120	mg, one capsule to three capsules at none tablet at nightPhysician's order of SR 150 mg, one ta Suboxone 8 mg/2 runder the tongue to -Physician's order one tablet two time cream, apply to affe apply daily; Nicotine leave in place for to 600 mg, one tablet and Polyethylene of juicePhysician's order of the many one tablet daily spray into each nos-Physician's order of Lotrimin 1% topical -Physician's order of Lotrimin 1% topical -Physician's order of Lotrimin 1% topical -Physician's order of lbuprofen 50 mg/1 needed; Acetamine every 4-6 hours as 160 mg, chew one needed. Observation on 10/ for client #1 and	vo times daily; Prazosin 1mg, ight and Mirtazapine 45 mg, dated 9/16/19 for Bupropion blet in the morning and mg, dissolve one half film wo times daily. dated 8/14/19 for Chantix 1mg, s daily; Ketoconazole 2% ected area daily; Retin A 0.005, e patch, apply one patch and wenty four hours; Ibuprofen every six hours as needed Glycol 17 gm, mix in water or dated 5/1/19 for Cetirizine 10 y and Fluticasone 50 mcg, one				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:					
		MHL06	68-12 8	B. WING			₹ <mark>1/2019</mark>	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SUNRISE CASAWORKS AT HORIZONS CHAPEL				NOR DRIVE HILL, NC 27	599			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 120	Continued From pa	ige 16		V 120				
	were in the same n stored separately.	nedication dr	awer and not					
	b Review on 10/10/	19 of client #	#3's record					
	-Admission date of							
	-Diagnosis of Coca-Physician's order t							
	dated 8/19/19.	o sen aumm	ister medications					
	-Physician's order t							
	her children (client -Physician's order o							
	mg, one tablet at be	edtime and C						
	tablet two times da) for Nicotral NO					
	-Physician's order of 10 mg, instill one s							
	Amitriptyline 25 mg							
	40 mcg, inhale one							
	Melatonin 3 mg, on -Physician's order of							
	200 mg, one to two							
	as needed.		-					
	-Physician's order of 100/50 mcg, inhale	two times da	aily and Albuterol					
	2.5 mg/3 ml, use of four hours as need		Hebulizer every					
	-Physician's order f							
	Hydrocortisone 2.5							
	daily; Cetirizine 1 m Children's Benadry							
	use as directed and							
	give 7.5 ml every for	our hours as	needed.					
	-Physician's order f							
	Triamcinolone 0.1% two times daily.	₀ cream, app	οιν ιο απесτеα area					
	-Physician's order f	or client #3b	dated 9/26/19 for					
	Flovent HFA 110 m							
	Gavilax powder 17							
	Montelukast 4 mg, at bedtime, Cetirizi							

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL068-12	8	B. WING			R 11/2019
	PROVIDER OR SUPPLIER E CASAWORKS AT HO	ORIZONS	211 CON	DRESS, CITY, S NOR DRIVE HILL, NC 27	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE! MUST BE PRECEDE! SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 120	Continued From parand Hydrocortisone application daily. Observation on 10/ for client #3, client approximately 2:18 - Medications for client approximately 2:18 - Medications for client and not stored separate and an observation on 1 area for client #1 are 1:50 PM revealed: - Medications for client and not stored separate and an observation on 1 area for client #1 are 1:50 PM revealed: - Medications for client #1 are 1:50 PM revealed:	2.5 % cream, ap 10/19 of the med #3a and client #3 PM revealed: ient #3- Mirtazapi trol NS 10 mg, Ai Melatonin 3 mg, I 100/50 mcg and A ent #3a- Hydroco mg/5 ml, Childre mcinolone 0.1% 0 mg/5 ml, ent #3b-Flovent F gm, Montelukast al and Hydrocortis or client #3, client he same medicate arately. Program Manager illed to store each ately. evidence the facil d internals stored 10/10/19 of the m hd client #1a at a ient #1-Colace 10 zapine 45 mg, Bu 8 mg/2 mg, Chau ream, Retin A 0.0 10 mg, Polyethyle	ication area b at ine 3 mg, mitriptyline 25 buprofen 200 Albuterol 2.5 rtisone 2.5% n's Benadryl cream and in drawer in a 10/10/19 clients ity failed to separately. edication pproximately 00 mg, upropion SR ntix 1 mg, 205, Nicotine ne Glycol 17	V 120			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(3) DATE SURVEY COMPLETED	
			71. BOILDING.		F	,	
		MHL068-128	B. WING			1/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SUNRIS	E CASAWORKS AT H	ORIZONS 211 CONN	IOR DRIVE				
001414101	- CACATORIO AI III	CHAPEL I	HILL, NC 27	599			
(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 APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 120	Continued From pa	ge 18	V 120				
	Ibuprofen 50 mg/ 1 mg/15 ml and Child-Internal medication 100 mg, Prazosin 1 Bupropion SR 150 Ibuprofen 600 mg, Glycol 17 gm and C-External medication Ketoconazole 2% opatch and Fluticasor-Internal medication Ibuprofen 50 mg/ 1 mg/15 ml and Child-External medication 1% topical. -The internal and external and external medication 1% topical.	ream, Retin A 0.005, Nicotine one 50 mcg. Ins for client #1a were Ins for client #1a was Lotrimin was					
	area for client #3, c approximately 2:18 - Medications for cl Chantix 1 mg, Nico mg, Ovar 40 mcg, I 200 mg, Advair Dis 2.5 mg/3 ml. -Medications for clic cream, Cetirizine 1 12.5 mg/15 ml, Tria Acetaminophen 16 -Medications for clic Gavilax powder 17 Cetirizine 1 mg/5 m cream. -Internal medication Mirtazapine 3 mg, C mg, Melatonin 3 mg -External medication	ient #3- Mirtazapine 3 mg, trol NS 10 mg, Amitriptyline 25 Melatonin 3 mg, Ibuprofen kus 100/50 mcg and Albuterol ent #3a- Hydrocortisone 2.5% mg/5 ml, Children's Benadryl imcinolone 0.1% cream and					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					F	
		MHL068-128	B. WING		10/1	1/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUNRIS	E CASAWORKS AT H	ORIZONS	NOR DRIVE HILL, NC 27	7500		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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	COMPLETE DATE
V 120	Continued From pa	ge 19	V 120			
V 120	mcg and Albuterol 2-Internal medication 1 mg/5 ml, Children and Acetaminopher -External medicatio Hydrocortisone 2.50 0.1% creamInternal medication powder 17 gm, Mormg/5 mlExternal medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal and external medication HFA 110 mcg and H-The internal medication HFA 110 mcg and	2.5 mg/3 ml. In for client #3a were Cetirizine It's Benadryl 12.5 mg/15 ml In 160 mg/5 ml. In for client #3a were It's cream and Triamcinolone In for client #3b were Gavilax Intelukast 4 mg and Cetirizine 1 In for client #3b were Flovent Itydrocortisone 2.5 % cream. In the context of the context of the client #3b were not stored Itydrogram Manager on 10/10/19 Itided to store internal and	V 120			
	-Internal medication powder 17 gm, Mormg/5 mlExternal medication HFA 110 mcg and Factor and East and Comparately. Interview with the Paconfirmed: -The facility staff fail	Intelukast 4 mg and Cetirizine 1 In for client #3b were Flovent Hydrocortisone 2.5 % cream. Internal medications for client Islient #3b were not stored Internal Manager on 10/10/19 Islied to store internal and				

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