Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL023-205			R 20/2019		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
QUEST #	‡ 539	539 APRI SHELBY,	L DRIVE NC 28152				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000				
	on September 20, 2 This facility is licens	•					
V 118	V 118 27G .0209 (C) Medication Requirements						
	only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered all drugs administer current. Medication 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 to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The					

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

(X6) DATE TITLE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL023-205	B. WING			R 20/2019			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
539 APRIL DRIVE									
QUEST #	7 539	SHELBY,	NC 28152						
(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 118	Continued From pa	ge 1	V 118						
	with a physician.	•							
	with a physician.								
	This Dule is not me	at an avidament by							
	This Rule is not me	views and interviews, the							
		ure MARs were kept current							
		ients (#1, #2, #3). The							
	findings are:								
	D : (0): (40								
	-Admission date of	's record on 9-19-19 revealed:							
		d Autism Spectrum Disorder,							
		order of Scholastic Skills,							
		Allergies and a history of							
	Seizures;								
		for the following medications:							
		igram (mg) tablet every ine 180mg tablet daily, vitamin							
		nal Unit Capsule daily,							
		blet every morning with food,							
	doxycycline hyclate								
	clindamycin 1% loti	on apply to acne twice daily							
	daily dated 7-23-19	e 5% wash apply to acne twice							
		, 1/2 tablet daily dated 7-9-19							
	and 7-31-19;	adica . o lo							
		ng tablet every morning and at							
		1 10mg tablet at bedtime,							
		tablet at bedtime, fluoxetine) solution 2.5 ml's daily and							
		solution 2.5 ml at bedtime							
	dated 7-31-19;	Colored Programme							
	-Geodon 10mg/3ml	1.5ml every morning and 3 ml							
	at bedtime dated 8-	27-19;							
		rder for Diazepam 5mg/5ml							
	solution 2.5 ml daily	rdated 7-9-19; rders for Geodon 3ml every							
	-i Hysician s phoi oi	acia idi dedadil allil evely	1						

Division of Health Service Regulation

STATE FORM 6899 XDXK11 If continuation sheet 2 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
			1		₹		
		MHL023-205	B. WING		09/2	0/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE			
QUEST #	‡ 539	539 APRII					
	OLIMANA DV. OTA	·	NC 28152	PROVIDERIO DI ANI OF CORRECTI	ON.		
(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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
		ime dated 7-31-19 and dose every am and 1 dose at 19.					
	through September revealed:	3's MARs for July 2019 2019 on 9-18-19 and 9-19-19					
	-Diazepam was listo be given daily at 8a	sted on the July 2019 MAR; ed on the August 2019 MAR to m instead of at bedtime as					
	ordered; -Diazepam was listed on the September 2019 MAR to be given as a 5ml dose instead of 2.5 ml as ordered; -Venlafaxine was listed on the September 2019 MAR to be given as 1 tablet daily instead of 1/2 tablet daily as ordered; -The August and September 2019 MARs were not updated to reflect the change in the Geodon dose as ordered by the physician on 8-27-19; -The Geodon was still listed on the MAR to be given as 3ml in the morning instead of 1.5ml as ordered from 8-28-19 through 9-18-19; -There was no documentation by staff on 8-31-19						
		cations listed on the August					
	-She stated that the was changed on 9- -She had been folloon the medication is	wing the dosing instructions abel instead of the MAR					
	the pharmacy but a	vas correct; ceived an updated MAR from new MAR with the correct ring later in the week.					
	Review of Client #2	's record on 9-19-19 revealed:					

6899

Division of Health Service Regulation STATE FORM

XDXK11 If continuation sheet 3 of 5

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL023-205		B. WING		R 09/20/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
QUEST #539 539 APRIL SHELBY, N						
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	Mental Retardation Hypothyroidism, Co -Physician's orders -Cetirizine 10mg da -Linzess 290 micros before meal in the r daily, pantoprazole divalproex sodium of tablet every mornin benztropine 0.5mg 2 mg twice per day -Chlordiazepoxide/of every 4 hours as ne pain dated 1-14-19; -Polyethylene Glyco with 8 ounces (oz) of tea 1-2 times a day -Gas relief 125 mg dated 1-19-19. Review of Client #2 September 2019 or revealed: -Polyethylene Glyco 1-2 times per day a 9-18-19; -There was no door for any of the medic 2019 MAR. Review of Client #1 -Admission date of -Diagnoses include Depressive Disorde Schizoaffective Disorde Schizoaffective Disorder	10-28-16; d Infantile Autism, Profound , Fragile X Syndrome, onstipation; for the following medications: ally dated 1-2-19; grams (mcg) 30 minutes morning, levothyroxine 25 mcg 20mg twice per day, extended release 250mg 1 g and 2 tablets every evening, twice per day and risperidone dated 1-10-19; Clidinium 5-2.5mg 2 capsules eeded (PRN) for abdominal of 3350 take 17 grams mixed of water, juice, soda, coffee, or dated 1-15-19; 1 capsule every 6 hours PRN I's MARs for July 2019 through of 9-18-19 and 9-19-19 Of was given PRN instead of s ordered for 3-1-19 through cumentation by staff on 8-31-19 cations listed on the August I's record on 9-19-19 revealed: 10-28-16; d Psychotic Disorder, Major er, Mild Mental Retardation, er, Sexual Dysfunction,	V 118			

-rnysician's orders for the following medication
-Aripiprazole 2mg every morning, montelukast

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 5 XDXK11

Division of Health Service Regulation

MHL023-205 B. WING		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHI 023-205				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	AME OF DROVIDED OD SUDDUE	<u> </u>	1		09/20	0/2019
539 APRIL DRIVE				STATE, ZIP GODE		
QUEST #539 SHELBY, NC 28152	UEST #539					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	PREFIX (EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
V 118 Continued From page 4 10mg every evening and polyethylene glycol 32350 17 grams in 8oz liquid once dally as needed for constipation dated 2-4-19; -Benztropine Zmg twice daily dated 3-5-19; -Divalproex ER 500 mg 1 every morning and 2 at bedtime dated 5-2-19; -Buspirone 10 mg 2 tablets three times per day and clotrim/beta 1/0.05% apply topically to affected area twice daily until rash is clear dated 6-4-19; -Duloxetine 60 mg every morning dated 7-24-19; -Risperidone 2mg twice daily dated 8-24-19; Review of Client #1's MARs for July 2019 through September 2019 on 9-18-19 and 9-19-19 revealed: -There was no documentation by staff on 8-31-19 for any of the medication listed on the August 2019 MAR. Interview with the Qualified Professional (QP) on 9-20-19 revealed: -Physicians send medication orders to the local pharmacy and the pharmacy prepares the MARs and then sends them to the Alternative Family Living facilities; -A Registered Nurse (RN) used to review the MARs and make sure the MARs matched the orders; -The RN left a few months ago and two non-medical staff members were trying to oversee the MARs; -A new RN was recently hired and will be able to start working next week; -She stated that there will be a team meeting on how to prevent errors on the MARs. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	10mg every even 32350 17 grams in needed for constitue -Benztropine 2mg -Divalproex ER 50 bedtime dated 5-10 bedtime dated area twice 6-4-19; -Duloxetine 60 m -Risperidone 2mg Review of Client in September 2019 revealed: -There was no do for any of the med 2019 MAR. Interview with the 9-20-19 revealed -Physicians send pharmacy and the and then sends the Living facilities; -A Registered Nu MARs and make orders; -The RN left a few non-medical staff oversee the MAR -A new RN was restart working nex -She stated that the how to prevent er This deficiency of the stated staff oversee the MAR -A new RN was restart working nex -She stated that the how to prevent er This deficiency of the stated staff oversee the MAR -A new RN was restart working nex -She stated that the staff oversee the the staff	ang every evening and polyethylene glycol 350 17 grams in 8oz liquid once daily as eded for constipation dated 2-4-19; enztropine 2mg twice daily dated 3-5-19; valproex ER 500 mg 1 every morning and 2 at a litime dated 5-2-19; spirone 10 mg 2 tablets three times per day dictorim/beta 1/0.05% apply topically to ected area twice daily until rash is clear dated -19; uloxetine 60 mg every morning dated 7-24-19; speridone 2mg twice daily dated 8-24-19; view of Client #1's MARs for July 2019 through otember 2019 on 9-18-19 and 9-19-19 ealed: ere was no documentation by staff on 8-31-19 any of the medication listed on the August 19 MAR. Perview with the Qualified Professional (QP) on 0-19 revealed: hysicians send medication orders to the local armacy and the pharmacy prepares the MARs of then sends them to the Alternative Family ng facilities; Registered Nurse (RN) used to review the Rs and make sure the MARs matched the ers; he RN left a few months ago and two ensee the MARs; hew RN was recently hired and will be able to review the RN was recently hired and will be able to review the rese the MARs; hew RN was recently hired and will be able to review the rese the MARs; hew RN was recently hired and will be able to review the rese the MARs; hew RN was recently hired and will be able to retworking next week; he stated that there will be a team meeting on vertical to the received deficiency constitutes a re-cited deficiency.				

Division of Health Service Regulation STATE FORM

XDXK11 If continuation sheet 5 of 5