STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL002-017	A. BUILDING: _____ B. WING _____	10/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER GROUP HOME	438 OLD WILKESBORO ROAD TAYLORSVILLE, NC 28681

(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 survey was completed on October 25, 2019. A deficiency was 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 and interview, the facility failed to dispose of all prescription and non-prescription medication in a manner that guarded against diversion or accidental ingestion. The findings are: Observation on 10/21/19 at approximately 5:40 pm of the facility's non-prescribed, over-the-counter (OTC) internal and external medications revealed: -The OTC medications were as needed (PRN) client medications; -The following OTC medications were expired: -Milk of Magnesia, expired 7/2019; -Ibuprofen IB (nonsteroidal anti-inflammatory), expired 2/2019; -Anti-diarrheal medication, expired 7/2018; -Anti-itch topical cream, expired 1/ 2017; -Anti-fungal topical cream, expired 8/2015. Observation on 10/21/19 at 5:46 pm of the external OTC medications revealed: -A tube of mupirocin ointment (Bactroban) 2% which had a prescription label with Client #2's name on the label and an expiration date of 4/21/17. Interview on 10/21/19 with the Residential Manager revealed: -All expired prescribed medications were to be returned to the pharmacy for proper disposal; -Expired OTC medications were discarded at the facility; -She was not aware Client #2's mupirocin ointment which had expired was in the bin with the external OTC medication; -Clients rarely used OTC medications so it was	V 119		

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V 119	Continued From page 2 possible she and staff forgot to check the expiration dates on these non-prescribed medications; -She was responsible to ensure the disposal of all expired prescribed and non-prescribed medications; -She would correct this situation from a reoccurrence.	V 119		