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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL042-001	B. WING		12/1	3/2019		
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1	0/2010		
DEERFIE	DEERFIELD 105 DEERFIELD ROANOKE RAPIDS, NC 27870							
040.15	CLIMANA DV CTA				ION	0.(5)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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)	LD BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	S	V 000					
	An Annual Survey v deficiency was cited	vas completed 12/13/19. A						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
V 119	27G .0209 (D) Med	ication Requirements	V 119					
	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.							

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL042-001	B. WING		12/	13/2019	
NAME OF I	PROVIDER OR SUPPLIER	105 DEEF	DDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 119	Continued From page 1		V 119				
	failed to ensure one medication was dis guarded against div Review on 12/13/19 revealed: - admitted 11/2/9-diagnoses of Scobsessive Disorder & Moderate Intellection a physician's or .83/.01 one spray b wake up 2 or more	view and interview the facility of three audited client (#4) posed of in a manner that version. The findings are:					
	following: - the pharmacy's medication was dis 12/13/19 - the manufactur revealed expiration - the manufactur opening discard the days"a space was date the medication listed - the Noctiva was refrigerator by the C - medication was During interview on reported:	13/19 at 2:13pm revealed the label for Noctiva revealed the pensed 12/14/18 & expired er label on the Noctiva date 10/2019 er's label also revealed: "after e unused portion after 60 s on the label to document the was openedno date was a removed from the Qualified Professional (QP) is still in the bottle					
		e to put a year from the date dispensed on the label					

6899

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G0XN11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL042-001	B. WING		12/	13/2019	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 DEERFIELD						
		ROANOK	E RAPIDS, N	IC 27870			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
V 119	- she would follow manufacturer label - if the Noctiva wo medication should be two months - she was unsured December 2018 was the last Noctiva at least every 6 reordered by the facture if the Noctiva the being administered. During interview on the Noctiva was bedwetting the medication bedwetting, however to discontinue it the facility's nurexpiration date on the pharmacy label the Hab Coordicheck the expiration the was not awas reordered every 60 he was not sured the Noctiva was mis he checked the medications a month of the would ensure to ensure expired missing the notation of the would ensure to ensure expired missing the notation should be not the notation of the would ensure to ensure expired missing the notation of the	w the expiration date on the as used nightly, the percompleted between one as why the Noctiva dispensed is still being used by the facility was dispensed March 2019 of days the Noctiva should be cility at expired 10/19 was still at expired the set of client #4's was not prevented his er, the physician does not want see informed staff to follow the manufacturer label not the mator, nurse and himself in dates on the medications are the Noctiva had expired are the medication had to be days a how the expiration date on issed dates on the client's					

6899

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G0XN11 If continuation sheet 3 of 3