

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R 10/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on October 10, 2019. Deficiencies was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a drug regimen review for 3 of 3 clients (#1-#3) who received psychotropic drugs. The findings are:</p> <p>A. Review on 10/10/19 of client #1's record revealed: -55 year old male. -Diagnoses of Schizoaffective Disorder, Bi-Polar Type, Mild Mental Retardation, Acne, Hypertension, Sleep Apnea, Tardive Dyskinesia,</p>	V 121	<p style="color: blue; text-align: right;">DHSR-Mental Health</p> <p style="color: red; text-align: center;">DEC 05 2019</p> <p style="color: blue; text-align: right;">Lic. &amp; Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 121	<p>Continued From page 1</p> <p>History of Traumatic Brain Injury, Chronic Obstructive Pulmonary Disease. -No drug regimen review had been completed.</p> <p>Review on 10/10/19 of client #1's most recent medication revealed: -Aspirin 81mg (milligram) -Tenormin 25mg -Depakote 250mg -Zestril 10mg -Miralax -Trelegy Ellipta 100-62.5 -Vitamin D 1000 unit -Ammonium Lactate 12 % -Cogentin 1mg -Briviact 50mg -Clozaril 100mg -Risperdal 3mg -Tylenol 325mg</p> <p>B. Review on 10/10/19 of client #2's record revealed: -30 year old male. -Diagnoses of Autism, Severe Mental Retardation, Seizure Disorder -No drug regimen review had been completed.</p> <p>Review on 10/10/19 of client #2's most recent medication revealed: -Synthroid 0.137mg -Miralax -Vitamin D 2000 units -Seroquel 200mg -Vimpat 200mg -Tenex 1mg -Tofranil 25mg -Ativan 0.5mg -Trileptal 600mg -Mirtazipine 7.5mg -Seroquel 400mg</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>C. Review on 10/10/19 of client #3's record revealed: -29 year old female. -Diagnoses of Moderate Mental Retardation, Psychotic Disorder and Sickle Cell Disease. -No drug regimen review had been completed.</p> <p>Review on 10/10/19 of client #3's most recent medication revealed: -Abilify 5mg -Folic Acid 1mg -Clonidine HCL 0.1mg -Tylenol 325mg</p> <p>During interview on 10/10/19 the Licensee revealed: -She had switched to a new pharmacy. -She had asked the pharmacy for the drug regimen reviews and had not received them.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive</p>	V 736		

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V 736 Continued From page 3  
and orderly manner. The findings are:

Observation on 10/10/19 at approximately 11:10am revealed:

- Client #1's bedroom ceiling fan blades had a layer of dust. An approximately 3 inch by 6 inch unpainted patched area on the wall near the head of the bed. The bedroom walls had dark scuff marks.
- Client #2's bedroom revealed dark scuff marks on the wall.
- Client #3's bedroom had the smoke detector removed from the ceiling with wires hanging down. The ceiling fan wobbled during operation and 2 light bulbs did not work. A dresser had drawers off the tracks.
- The hallway bathroom had orange colored caulking along the floor next to the tub and commode. The grout in the tub area was dark and appeared soiled.
- The hand rail near the top of the stairs was unstable.
- The couch in the sitting area had the top layer of the fabric worn away.

Interview on 10/10/19 the Licensee stated:

- Client #3 may have taken down her smoke detector.
- She would follow up on identified items for repair.

V 736

- Blade cleaned  
Parti.  
Painting will be done on all bedrooms  
Replaced Smoke detector  
replaced bulbs  
Drawer fixed  
Bathroom Cleaned  
Hand rail ~~was~~ ~~be~~ was fixed.  
Cover on Couch  
medication review  
put in books