	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL0411101	B. WING		C 01/13/2020		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
/ & S CR	EEKSIDE						
			SUMMIT, NC 2721				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	S	V 000				
		was completed on 1/13/2020. substantiated (intake iencies were cited.					
	category: 10A NCAC	ed for the following service C 27G .5600C Supervised n Developmental Disability.					
V 118	27G .0209 (C) Medie	cation Requirements	V 118				
	10A NCAC 27G .020 REQUIREMENTS (c) Medication admin	nistration:					
	only be administered order of a person au	on-prescription drugs shall d to a client on the written thorized by law to prescribe					
	clients only when au client's physician.	I be self-administered by thorized in writing by the					
	administered only by unlicensed persons pharmacist or other	uding injections, shall be v licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications.					
	(4) A Medication Adr all drugs administere current. Medications	ministration Record (MAR) of ed to each client must be kept administered shall be ly after administration. The					
	(A) client's name;(B) name, strength, a(C) instructions for a	and quantity of the drug; Idministering the drug; e drug is administered; and					
	(E) name or initials of drug.(5) Client requests for a second second	of person administering the or medication changes or					
		orded and kept with the MAR pointment or consultation					

TZTT11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL0411101	B. WING		01	C / 13/2020
AME OF PF	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
I & S CRE		7312 FRI	ENDSHIP CHURCH	I ROAD		
		BROWN	SUMMIT, NC 2721	4		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE ⁻ DATE
V 118	Continued From page	e 1	V 118			
	with a physician.					
	This Rule is not met	as evidenced by:				
	Based on record reviews and interviews, the					
	facility failed to administer medications as ordered by an authorized person and failed to ensure administration of medications was					
	documented immediately following administration $affecting 1 \text{ of } 4 \text{ clients } (#4). The findings are:$					
	affecting 1 of 4 clients (#4). The findings are:					
	Review on 1/9/2020 of client #4's record					
	revealed: - Admission date: 7/28/2016					
	- Diagnoses: Bipolar I Disorder; Attention					
	Deficit-Hyperactivity Disorder (ADHD); Oppositional Defiant Disorder; Profound					
		; Unspecified Iron Deficiency;				
	- Physician's orders f	or the following medications:				
		grams (mcg) (used to treat one with constipation and				
		nstipation), 1 tablet QD,				
	dated 7/17/2019;					
		quel) 100 mg (used to mania or depression in				
		disorder), 1 tablet twice daily				
	(BID) at 2:00PM and	4:00PM, dated 9/7/2019;				
		ts (Adderall) 20 mg (used to QD, dated 10/17/2019.				
		of client #4's MARs dated				
	10/1/2019 to 1/9/2020					
		uled to be administered every				
	day at 8:00AM; - Linzess was docum	ented as having been				
	administered every d	ay at 8:00AM;				
	- There was no docu	mentation that Linzess was				1

STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411101			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.				
		B. WING		C 01/13/2020		
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
/I & S CRE	EEKSIDE		RIENDSHIP CHURCH I SUMMIT, NC 2721			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From page	e 2	V 118			
	not administered due	e to client #4's Guardian				
	request during the Th	nanksgiving holiday				
	(11/26/2019);					
		mentation that quetiapine Its were administered on				
	from 11/24/2019 to 1					
	Irom 11/24/2019 to 11/31/2019.					
	Interview attempt on 1/8/2020 with client #4					
	revealed:					
	- Client #3 was non-verbal and unable to answer					
	questions about her	care.				
	Interview on 1/9/2020 with staff #2 revealed:					
	-Staff #2 only administered clients' medications at					
	4:00PM due to the timing of her shift;					
	- Client #4 had bowel movements approximately					
	every three days;					
	- Client #4 would scream, her stomach would feel					
	tight, and her nose would get sweaty when she was constipated; - As far as staff #2 knew, client #4 had been					
		er medications as ordered.				
	Interview on 1/10/202 revealed:	20 with former staff (FS) #4				
	- When FS #4 had be	een working at the facility				
		ing holiday, there had been				
		ntaining client #4's Linzess				
		tion storage container;				
	- Client #4 did not ha days and needed the	ve a bowel movement most				
	•	een administered all of her				
	mediations as ordere					
	Interview on 1/13/202	20 with the Qualified				
	Professional/Director					
		n did not want Linzess to be				
	administered when c	lient #4 was going on a				
	home visits;					
	- Client #4's Guardia	n reported that client #4 had				

	OF DEFICIENCIES			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
MHL0411101		B. WING		01	C / 13/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
/I & S CRI	EEKSIDE		IENDSHIP CHURCH SUMMIT, NC 2721			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page	e 3	V 118			
	when on home visits; - Over the Thanksgivi 11/26/2019), client #4 her Guardian; - The QP/D had remo tablets from the medi not administer it at the - There was not a phy Linzess dosage;	ing holiday (approximately 4 went on a home visit with oved client #4's Linzess cation bubble pack and did e Guardian's request; ysician's order to hold the stered client #4's doses of etamine salts from 2019; igned the MAR after				
V 738	27G .0303(d) Pest Co 10A NCAC 27G .0303 EXTERIOR REQUIR (d) Buildings shall be rodents.	3 LOCATION AND	V 738			
	free of rodents. The f Observation at appro 1/9/2020 of the facility - Client #4's mattress wooden frame approx	n, record review and r failed to keep the building indings are: ximately 12:05PM on y revealed: was on the floor on a ximately 6 inches high.				
	Review on 1/10/2020 former staff (FS) #4 r	of a photograph provided by evealed:				

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	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			MHL0411101 B. WING			C 01/13/2020	
		MHL0411101			01		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
M & S CR	EEKSIDE		IENDSHIP CHURCI SUMMIT, NC 2721				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)	
PREFIX TAG	, , , , , , , , , , , , , , , , , , ,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 738	Continued From page	e 4	V 738				
	- A small rodent was freezer in the facility's	on the floor in front of the s kitchen.					
) with client #2 revealed:					
	- Client #2 had seen a mouse in the facility sometime between Thanksgiving and Christmas						
	2019; - Client #2 was worried that mice would return to						
	the facility and chew in her bedroom.	through the electrical cords					
	Interview attempt on revealed:	1/8/2020 with client #4					
	 Client #3 was non-verbal and unable to answer questions about her care. 						
	- Staff #1 had not see herself, but had hear	20 with staff #1 revealed: en any rodents in the facility d that other staff had seen					
	them; - On an unknown dat she had seen a mous	e, client #2 had reported that se during the night:					
	- FS #4 had panicked - The facility staff trie	d about seeing a mouse; d to keep the facility clean to					
	prevent rodents from	entering the facility.					
		20 with FS #4 revealed: e had provided had been					
	- The mouse in the p	hotograph was located in					
	front of the freezer in - FS #4 had seen the	the facility's kitchen; mouse run from the hallway					
	to the kitchen; - FS #4 had complair	ned to the Qualified					
	Professional/Director	(QP/D) and other					
	droppings in the facili	oout having seen mouse ity during the two weeks prior					
	to actually seeing the - When FS #4 called	e mouse; about the mouse, it took					
		e anyone went to the facility					

STATE FORM

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If continuation sheet 5 of 6

A. BUILDING: C MHL0411101 B. WING 01/13/202 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE M & S CREEKSIDE 7312 FRIENDSHIP CHURCH ROAD BROWN SUMMIT, NC 27214 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MHL041101 B. WING 01/13/202 A & S CREEKSIDE STREET ADDRESS, CITY, STATE, ZIP CODE A & S CREEKSIDE STREET ADDRESS, CITY, STATE, ZIP CODE (44) 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 CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 738 Continued From page 5 V 738 V 738 Continued From page 5 V 738 Interview on 1/13/2020 with the QP/D revealed: - The QP/D had only heard about there being a mouse in the facility once; - A trap had been set a couple of hours after being informed of the mouse, and the mouse was caught; - The QP/D never saw a mouse herself; - There had not been any further issues with mice I Interview on further issues with mice I				A. BUILDING:		
Tage REINDSHIP CHURCH ROAD BROWN SUMMIT, NC 27214 (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) Cont V 738 Continued From page 5 V 738 V 738 V 738 Interview on 1/13/2020 with the QP/D revealed: - The QP/D had only heard about there being a mouse in the facility once; - A trap had been set a couple of hours after being informed of the mouse, and the mouse was caught; Interview on the facility once; - A trap had been set a couple of hours after being informed of the mouse, and the mouse was caught; Interview on the facility once; - The QP/D never saw a mouse herself; - Thre had not been any further issues with mice Interview on the facility once; Inte			MHL0411101	B. WING		01/13/2020
A & S CREEKSIDE BROWN SUMMIT, NC 27214 (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 ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Col V 738 Continued From page 5 V 738 V 738 Interview on 1/13/2020 with the QP/D revealed: - The QP/D had only heard about there being a mouse in the facility once; - A trap had been set a couple of hours after being informed of the mouse, and the mouse was caught; - The QP/D never saw a mouse herself; - The QP/D never saw a mouse herself; - There had not been any further issues with mice Interview	IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Cold to to place mouse traps; - Client #4's bed was located on the floor; - FS #4 had not seen any mice in client #4's bed. V 738 V 738 Interview on 1/13/2020 with the QP/D revealed: - The QP/D had only heard about there being a mouse in the facility once; - A trap had been set a couple of hours after being informed of the mouse, and the mouse was caught; - The QP/D never saw a mouse herself; - There had not been any further issues with mice V 738	/I & S CRI	EEKSIDE				
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	V 738	to place mouse traps - Client #4's bed was - FS #4 had not seen Interview on 1/13/20 - The QP/D had only mouse in the facility - A trap had been se being informed of the caught; - The QP/D never sa - There had not been	s; s located on the floor; n any mice in client #4's bed. 20 with the QP/D revealed: / heard about there being a once; et a couple of hours after e mouse, and the mouse was	V 738		