		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL026-951	B. WING		02/	21/2020		
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE				
THE LOV	VING HOME, INC #6		DGER STREE VILLE, NC 28					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
V 000	INITIAL COMMENT	ſS	V 000					
	An annual survey was completed on February 21, 2020. Deficiencies were cited.							
		sed for the following service C 27G .5600A Supervised h Mental Illness.						
V 121	27G .0209 (F) Med	ication Requirements	V 121					
	governing body or of for obtaining a revie regimen at least even shall be to be perfo physician. The on-se the client's physicia the review when me (2) The findings of the	w: ives psychotropic drugs, the operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or site manager shall assure that n is informed of the results of edical intervention is indicated. the drug regimen review shall client record along with						
	facility failed to obta drug regimen at lea audited clients rece	views and interviews, the ain a review of each client's st every six months for 3 of 3						
	Finding #1: Review on 2/19/202 revealed: -66 year old male a	20 of client #2's record						

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
		MHL026-951	B. WING		02/	21/2020		
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	02/21/2020			
THE LO	/ING HOME, INC #6		IDGER STREE EVILLE, NC 28					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE		
V 121	Continued From pa	ige 1	V 121					
	Hyperlipidemia. -Psychotropic medi Depakote Extended psychiatric conditio (Schizophrenia), Lit Depression, and So (Depression), Palip (Schizophrenia), Palip (Schizophrenia), Palip (Schizophrenia), H Temazepam (Inson Review on 2/19/202 reviews for the past -1 drug regimen rev - Pharmacist review concern with [client to be the increased to his concurrent us Lithium, Mirtazapina all cause life threated does seem stabilized (doctors) are aware of this, imidazole ar antibiotics, or drugs disturbance should ongoing monitoring	 2 Diabetes, Hyperthyroidism, cations ordered included d Release (seizures or certain ns), Haloperidol thium (Bipolar Disorder, chizophrenia), Mirtazapine eridone Extended Release lydroxyzine (Anxiety), and nnia). 20 of client #2's drug regimen t 12 months revealed: view dated 2/10/2020. ver documented: "The main #2's] drug regimen continues d risk of QTs prolongation due se of antipsychotics. Invega, e, Haldol and Hydroxyzine can ening arrhythmias. While he ed on this regimen and his Drs e, it is worth noting. Because ntifungals, macrolide s that cause electrolyte be avoided. This will require 						
	revealed: -63 year old female -Diagnoses include Disorder (GAD), Bij High Cholesterol. -Psychotropic medi Aripiprazole (Schize	20 of client #3's record e admitted 5/1/14. d Generalized Anxiety polar Disorder; Hypertension, cations ordered included ophrenia and Bipolar I oram (Depression and GAD),						
vision of !!	Lorazepam (Anxiet (Depression). ealth Service Regulation							

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MUU 000 054	B. WING			
	PROVIDER OR SUPPLIER	MHL026-951	DDRESS, CITY, ST		02/	21/2020
			IDGER STREE			
HE LOV	VING HOME, INC #6	FAYETTI	EVILLE, NC 28	3303		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 121	Continued From pa	ge 2	V 121			
	Calcium 600-Vitam	dated 8/21/19 included in D3 400 (supplement) daily 100 mcg (micrograms) nent) daily.				
	Review on 2/19/2020 of client #2's drug regimen reviews for the past 12 months revealed: -1 drug regimen review dated 2/10/2020. A drug regimen review dated 12/1/18. - Pharmacist reviewer documented: "The main concern with drug interactions remains her calcium supplement and her Synthroid. Care taker has been counseled to separate administration times by at least 4 hours. The best practice would be Synthroid in the morning and calcium later."		t			
	Administration Rec January 2020, and Calcium 600-Vitam	20 of client #2's Medication ords for December 2019, February 2020 revealed in D3 400 and Levothyroxine scheduled and documented ily at 7 am.				
	revealed: -58 year old male a -Diagnoses include -Psychotropic medi	d Schizophrenia. cations ordered included a (Schizophrenia), Trazodone a), and Alprazolam	,			
	reviews for the past regimen review dat					
	Interview on 2/19/20 stated: ealth Service Regulation	020 the Group Home Manage	r			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C ND PLAN OF CORRECTION IDENTIFICATION NUMBI			CONSTRUCTION		E SURVEY PLETED
		MHL026-951	B. WING		02/	21/2020
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
THE LO	VING HOME, INC #6		IDGER STREE EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 121	Continued From pa	ge 3	V 121		,	
	- Reviews are sent	iews were done annually. to her, the Group Home filed the reports in the client's owed up on the				
	stated he had sent	020 the Cllinical Director a message to the pharmacy ews be done every 6 months.				
V 513	27E .0101 Client Ri Alternative	ghts - Least Restictive	V 513			
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the cl (4) sharing of the client/legally res (b) The use of a re procedure designed always be accompa- insure dignity and re intervention. These (1) using the and	all provide services/supports e and respectful environment. least restrictive and most s and methods; g coping and engagement atives to injurious behavior to choices of activities lients served/supported; and f control over decisions with sponsible person and staff. strictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL026-951	B. WING		02/	21/2020
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
	ING HOME, INC #6		OGER STREE			
		FAYETTE	VILLE, NC 28	303		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 513	Continued From pa	ge 4	V 513			
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide services/supports which promoted a safe and respectful environment including using the least restrictive and most appropriate methods affecting 3 of 3 audited clients (#2, #3 and #4). The findings are:					
	revealed: -66 year old male a -Diagnoses include Hypertension, Type Hyperlipidemia. -Treatment plan dat	d Schizophrenia, 2 Diabetes, Hyperthyroidism, ted 7/30/19 did not include ss any area of the home				
	-The clients could n themselves to food	thing to eat or drink between				
	revealed: -63 year old female -Diagnoses include Disorder (GAD), Bip High Cholesterol. -Treatment plan dat	d Generalized Anxiety polar Disorder; Hypertension, ted 5/1/19 did not include ss any area of the home				
	Interview on 2/19/20	220 aliant #2 atotad				

STATE FORM

XIZQ11

If continuation sheet 5 of 9

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY PLETED	
		MHL026-951	B. WING		02/2	21/2020
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
	ING HOME, INC #6		IDGER STREE [*] EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 513	Continued From pa	ge 5	V 513			
	day until bedtime. -The clients could n -She could not go to -Staff could get sna	sit in the TV room during the not sit in the front living room. o her room during the day. cks for clients between meals er own snack or go get efrigerator.				
	Finding #3: Review on 2/19/2020 of client #4's record revealed: -58 year old male admitted 5/3/14. -Diagnoses included Schizophrenia. -Treatment plan dated 7/31/19 did not include restrictions to access any area of the home based on client needs.					
	-The clients could r they had permission	020 client #4 stated: lot go into the kitchen unless n from staff. d to get anything from the				
	between approxima revealed: -Clients #1, #2, and watched television. -Clients did not acc drink unless called	m and 4 pm and on 2/20/2020 ately 8:30 am and 11:30 am #3 stayed in the TV room and ess the kitchen for food or by staff. pserved walking to their rooms	1			
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI	03 LOCATION AND REMENTS I its grounds shall be				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL026-951	B. WING		02/	21/2020
AME OF F	PROVIDER OR SUPPLIER	4	DRESS, CITY, S	TATE, ZIP CODE		
	ING HOME, INC #6	1903 BRI	DGER STREE	т		
		FAYETTE	VILLE, NC 28	8303		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
V 736	Continued From pa	age 6	V 736			
		fe, clean, attractive and orderly be kept free from offensive				
	Based on observatives was not maintained	et as evidenced by: tion and interview, the facility d in a safe, clean, attractive er. The findings are:				
	12 noon revealed: -Broken mini blinds -Black and brown of inside cabinet unde -Black and brown of and a meat bone a size under the stow -Dust and small bla particle build up un bathroom. -Rust covered the bathroom.	colored debris particle build up about 3 inches by 2 inches in ve storage drawer. ack and brown colored debris ader the sink cabinet in hall ceiling vent in the hall				
	sagging. -Medicine cabinet closed with transpa remain closed with metal and glass; sl	v coverings were worn and door in back bathroom held arent tape. The door would not out the tape. Door made of harp edges at corners that above the sink when opened.				
		2020 the Clinical Director stated e medicine cabinet door.				
V 738	27G .0303(d) Pest	Control	V 738			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL026-951	B. WING		02/	21/2020
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE	02/	21/2020
'HE LO\	/ING HOME, INC #6	1903 BR	DGER STREE	т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 738	Continued From page 7 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.		V 738			
	facility was not kep rodents. The findir Observations on 2/ 12 noon revealed: -Dead bugs on top	views and interviews, the t free from insects and				
	cooking pot stored -Dead bugs in cabi stove. -Black particles app	e cabinet to left of stove. Stock inside the cabinet. net drawer to right of the proxiately the shape and size und under the base cabinets ir				
	-He had seen a mo kitchen. -They could hear th sound" inside the w -The mouse was ve	020 client #1 stated: use about 5 months ago in the ne mouse make a "knocking vall, ery large. He estimated the nately 4-5 inches in length.				
	-He understood fro was a contract for r	020 the Director stated: m the General Manager there outine pest control services. a copy of the pest control				

IVISION OF HEAITH SERVICE R TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
	MHL026-951			02/	24/2020
AME OF PROVIDER OR SUPPLIER	1	DDRESS, CITY, ST		027	21/2020
		IDGER STREE			
HE LOVING HOME, INC #6	FAYETTI	EVILLE, NC 28	3303		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 738 Continued From pa	age 8	V 738			
pest control vendo -Title of document Contract." -"General Comme Performed. Rever created in error."	20 of documentation from the r dated 1/29/2020 revealed: listed the Licensee "Bug nts/Instructions No Service rsal of credit or credit memo n of services rendered for pest				