	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		E SURVEY PLETED	
		BEITH ION TOTAL MELL	A. BUILDING:				
		MHL051-138	B. WING			C 03/03/2020	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
	HTHOUSE II OF CLA	2016 FOR					
		CLAYTON	I, NC 27520				
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	TS	V 000				
	complaints were su #NC00161265 and were cited. This facility is licen- category: 10A NCA	was completed on 3/3/20. The ibstantiated (Intakes NC00161302). Deficiencies sed for the following service C 27G .1700 Residential cure for Children or					
V 118	Adolescents. 27G .0209 (C) Med	lication Requirements	V 118				
	only be administere order of a person a						
	clients only when a client's physician.	all be self-administered by uthorized in writing by the cluding injections, shall be					
	administered only k unlicensed persons pharmacist or othe privileged to prepar	by licensed persons, or by s trained by a registered nurse, r legally qualified person and re and administer medications.					
	all drugs administe current. Medication recorded immediat MAR is to include t	Iministration Record (MAR) of red to each client must be kept is administered shall be ely after administration. The he following:					
	(C) instructions for (D) date and time t	, and quantity of the drug; administering the drug; he drug is administered; and of person administering the					
	drug.	for medication changes or					
inion of LL	ealth Service Regulation		µ			<u> </u>	

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
						С	
		MHL051-138	B. WING		03/	03/03/2020	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
HE LIG		/TON	RT DRIVE N, NC 27520				
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pa	ge 1	V 118				
		orded and kept with the MAR appointment or consultation					
	Based on record re seven audited staff Manager) failed to the area of medica three of three curre one of one former of	et as evidenced by: views and interviews four of (#1, #2, #3 and the House demonstrate competency in tion administration affecting int clients (#1, #2 and #3) and client (FC#5). The findings are ag 120 10A NCAC 27G .0209	:				
	Based on record re facility failed to ens securely locked cal	views and interviews, the ure medications were in a pinet affecting three of three #2 and #3) and one of one					
	Minimum Staffing F Based on record re facility failed to ens requirements were children or adolesc	views and interviews the ure minimum staffing met by direct care staff when ents are present and awake hree clients (#1, #2 and #3)					
	revealed: -Admission date of -Diagnoses of Bipo	lar Disorder, Generalized nd Oppositional Defiant					

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
	MHL051-138	B. WING			C 03/03/2020	
AME OF PROVIDER OR SUPPLIEF		DDRESS, CITY, ST	TATE, ZIP CODE		00/2020	
HE LIGHTHOUSE II OF CLA	2016 FO	RT DRIVE				
	CLAYTO	N, NC 27520				
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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	(X5) COMPLET DATE	
V 118 Continued From p	page 2	V 118				
increased anxiety hopeless, racing t energy/motivation ideation's/behavio -Physician's order 100 milligrams (m Clonidine 0.1 mg, 20 mg, one capsule mg, one capsule a capsule daily and capsule at bedtim -Hospital Discharg Client #1 was adm intentionally overo Prozac. Client #1 to drug effect. Clie Haldol for agitatio discharge diagnos ingestion.	rs. dated 1/30/20 for Quetiapine g), one tablet as needed; one tablet at bedtime; Adderall le in the morning; Adderall 10 at 3 pm, Fluoxetine 20 mg, one Ziprasidone 40 mg, one e. ge summary dated 2/20/20. hitted on 2/11/20. Client #1 losed on Adderall, Seroquel and had intermittent confusion due ent #1 received Ativan and n and hyperactivity. The sis was suicide attempt by drug					
Quetiapine Fumar in adults and child Ziprasidone-used Clonidine-used to Hyperactivity Diso Attention Deficit H	were used for the following: rate-used to treat Schizophrenia Iren; I to treat Bipolar Disorder; treat Attention Deficit Irder; Adderall- used to treat Iyperactivity Disorder and o treat Major Depressive	a				
revealed: -Admission date of -Diagnosis of Opp -He is 14 years of -Physician's order mg, one capsule of	ositional Defiant Disorder.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	、 <i>`</i>	CONSTRUCTION		E SURVEY PLETED
		MHL051-138	B. WING	B. WING		C 03/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2016 FO	RT DRIVE			
	HTHOUSE II OF CLA	CLAYTO	N, NC 27520			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 3	V 118			
	Vyvanse-used to tra Hyperactivity Disord Sodium-used to tre Bipolar Disorder	at manic episodes related to				
	revealed: -Admission date of -Diagnoses of Opp Traumatic Stress D Disorder, Impulse O Disorder. -He is 16 years old -Physician's order of mg, one tablet as m Aripiprazole 10 mg physician's dated 1 one tablet in the mo	ositional Defiant Disorder, Pos Disorder, Reactive Attachment Control Disorder and Conduct dated 1/29/20 for Melatonin 5 needed at bedtime and , one tablet in the morning. A 2/18/19 for Concerta 54 mg, prning; Clonidine HCL 0.1 mg, porning and Lamotrigine 200				
	-Admission date of -Diagnoses of Opp Other specified tran disorder. -He is 16 years old	ositional Defiant Disorder and uma and stress related				
	FC #5 had a long h including physical a property damage, o behaviors. He had behaviors.	I 10/17/18 had the following: istory of behavioral disruption: and verbal aggression, deceitful and deviant anxiety and compulsive				
	mg, one capsule at two tablets at 6 pm	dated 1/30/20 for Melatonin 10 bedtime; Ziprasidone 60 mg, ; Quetiapine Fumarate 50 mg me and Clonidine 0.3 mg, one	,			

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If continuation sheet 4 of 27

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED	
		MHL051-138	B. WING			C 03/03/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE			
THE LIG	HTHOUSE II OF CLAY	(TON	ORT DRIVE ON, NC 27520				
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	age 4	V 118				
	<ul> <li>#5 was admitted or due to intentional p reported he had su a plan. Per report F Adderall pills, twent twenty five Seroque and five Prozac pill sleepy/drowsy. FC Intravenous fluids. psychiatric hospital</li> <li>The medications w Melatonin-used to to Quetiapine Fumara in adults and childre Bipolar Disorder, S Schizophrenia and Attention Deficit Hy</li> <li>a. Review on 3/3/20 revealed: -Staff #1 had a hired -No documentation training.</li> <li>b. Review on 3/3/20 revealed: -Staff #2 had a hired -Staff #2 was hired</li> </ul>	vere used for the following: treat sleep disorders; ate-used to treat Schizophren en; Ziprasidone-used to treat chizoaffective Disorder and Clonidine-used to treat operactivity Disorder; 0 of the facility's personnel file e date of 1/16/20. as a Residential Advisor I. of medication administration 0 of the facility's personnel file	d 45 h g ia es				
	revealed: -Staff #3 had a hire	) of the facility's personnel file date of 7/27/17.	es				
		as a Residential Advisor I. stration training was					

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If continuation sheet 5 of 27

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	Сом	E SURVEY PLETED C
		MHL051-138	B. WING		03/03/2020	
NAME OF I	PROVIDER OR SUPPLIER		T ADDRESS, CITY, S	TATE, ZIP CODE		
THE LIG	HTHOUSE II OF CLA	YTON	FORT DRIVE TON, NC 27520			
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	200 5	V 118	DEFICIEN	51)	
V IIO	completed on 10/6	•	VIIO			
	completed on 10/0	/ 17 .				
		0 of the facility's personnel fi	iles			
	revealed: -The House Manac	ger had a hire date of 12/30/	15			
		istration training was	10.			
	completed on 4/12					
	Review of facility records on 2/26/20 revealed the following: -Incident report dated 2/10/20- "On 2/10/20 at		he			
	approximately 3:15 pm, [House Manager] was preparing to distribute medication to [Client #1]. [House Manager] noticed at that time that all of					
		ations were missing from his				
		well as some from another				
		[House Manager] questione nts' #1 and #2]. [FC #5] was				
		Staff immediately began				
		ut the house and outside				
		or missing medication. After				
		ubble packs and two bottles, to hiding space[Client #1				
		eds (medications) and [FC #				
		dications) after me[FC #5				
		loor and stated to staff he wa	as			
	feeling really bad					
		5 on 3/2/20 revealed:				
		nt incident with his medication				
	medication.	bitalized due to taking too mu	ucn			
		cations from the kitchen area	a			
	at the group home. -Staff left the medie	cation unlocked in the kitche	n			
	area. -Staff #1 was work	ing alone at the group home				
	when he stole the		,			
	-The House Manag	ger was away from the home	e			
	when he stole the r	medication				

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If continuation sheet 6 of 27

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	、 <i>,</i>	CONSTRUCTION		E SURVEY PLETED
		MHL051-138	B. WING			C 03/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2016 FC	RT DRIVE			
HE LIG		CLAYTO	N, NC 27520			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	THE APPROPRIATE	COMPLE DATE
V 118	Continued From pa	ige 6	V 118			
	<ul> <li>A few weeks ago t medication.</li> <li>The medication wa unlocked in the kito -He and FC #5 dec medications.</li> <li>They also stole a f and some of client</li> <li>Staff #1 was in the medication.</li> <li>The House Manag with client #3.</li> <li>Staff #1 was worki was stolen.</li> <li>He and FC #5 wer all the medication t -He thought he pos pills or more.</li> <li>He started to hallu medications.</li> <li>He had to go to the that incident.</li> <li>He thought he was week.</li> <li>He wanted to take get high.</li> <li>He did not realize medications.</li> </ul>	ided to steal all of his ew of FC #5's medications #2's medication. e den area while they stole the ger had left the group home ng alone when the medicatior nt into their bedroom and took	1			
	and went to the sto -He did not see clie	er had left the group home				
	medication. -He did tell staff to for the missing med ealth Service Regulation	look in the air conditioning uni dication.	t			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL051-138	B. WING		C 03/03/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	HTHOUSE II OF CLA	2016 FO	RT DRIVE			
	TINUUSE II OF CLAI	CLAYTO	N, NC 27520			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
V 118	Continued From pa	ge 7	V 118			
	-He thought he was when the medicatio -He and the House some errands. -He had gone out w several times that o -The House Manag home all day. -Staff #1 was worki other clients. -Later that evening seeing things. -He knew somethin	Manager had gone out to run <i>v</i> ith the House Manager				
	-There was an incid on 2/10/20. -He had been work about a month priod -When he came in the home. -Staff #3 was the 3 -When he went into there were several -He thought the me kitchen counter and -He did not touch the not been trained to -He left the medica and did not attempt -Staff #3 left the growith the clients. -The House Manag 15-20 minutes later	for 1st shift staff #3 was still a rd shift staff. b the kitchen area he noticed bottles/packets of medication. edication was laying on the d not in a locked container. he medication because he had administer medication. tion on the kitchen counter to secure the medications. bup home and he was alone ger arrived to the home about				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
					с	
		MHL051-138	B. WING			03/2020
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HE LIGI	HTHOUSE II OF CLA	YTON 2016 FOR CLAYTON	T DRIVE I, NC 27520			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	age 8	V 118			
	that day on at least -He did work alone most of 1st shift. -They noticed some missing around 3 p -The House Manag administer medicat missing. -They looked for th clients about the m -Client #1 later adm stolen the medicati -Client #1 told them medication they sto -They found the en air conditioning uni -They found severa medication. -He thought the medication. -He thought the medication. -He thought client # over 100 pills betwe -He thought somet because he got rea -FC #5 seemed to -He did not recall c symptoms. -Both clients went for the medication.	ger was getting ready to tions and the medication was e medications and asked the edication. hitted that he and FC #5 had ons. In they ingested all the ble. http://medication packets in the t in the back yard. al empty packets/bottles of edications were Depakote, I, Seoquel, Vyvanse and #1 and FC #5 possibly ingested een the two of them. hing was wrong with FC #5 ally sleepy. be "out of it." lient #1 initially showing any to the hospital due to ingesting the medication was unlocked for all of 1st shift. the medications in the kitchen cident.				
	-He never saw the medications.	House Manager lock up the #2 on 2/26/20 revealed:				
		cation incident with client #1				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL051-138	B. WING		C 03/03/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	HTHOUSE II OF CLA	2016 FOF	RT DRIVE			
		CLAYTON	I, NC 27520			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 9	V 118			
	duty around 4 pm. -The day of the incipe m. -When he came in alone with client #1 -He thought client #1 -He thought client #1 the House Manage -He knew somethin he was laying on th -FC #5 normally did -He asked FC #5 w he mumbled he wa -Client #1 also told earlier, he did not w -He noticed there w plastic bin unlocked -He never asked at unlocked. -He did not attempt in the plastic bin. -The House Manag minutes later. -The House Manag medication was mis -They looked arour medications. -Client #2 told them packets were hidded the back yard. -When they found t they were all empty -He thought both cl 100 pills between th -He thought they in Adderall, Melatonin Geodon.	ed 2nd shift and would report to dent he came in around 3:15 staff #1 was at the home , client #2 and FC #5. 43 was in the community with r. 19 was off with FC #5 because e couch. 11 not lay around. 12 hot lay around. 13 hot lay around. 14 hot he was laying around and 15 tired. 15 him that he did something 16 vant him to get mad. 17 vas some medication in a 16 in the kitchen area. 17 vas some medication being 18 to lock away the medications 19 realized some of the 19 sing. 10 the home for the missing 10 later that the medication 19 n in the air conditioning unit in 10 he medication packets/bottles 17 in the source over 18 to lock away ingested over				
ivision of H	lealth Service Regulation		6899 6			on sheet 10 of 2

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:			С	
		MHL051-138	B. WING		03/	03/03/2020	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
HE LIG	HTHOUSE II OF CLA		ORT DRIVE ON, NC 27520				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pa	ige 10	V 118				
	<ul> <li>#5 and client #1.</li> <li>They also stole so</li> <li>Once they realized those medications</li> <li>Both clients had to those medications.</li> <li>Both clients had to those medications.</li> <li>Staff #1 was worki when the medication</li> <li>He thought the Ho community running was stolen.</li> <li>Interview with staff</li> <li>She normally work shift.</li> <li>She knew there was clients stealing medications for the shift.</li> <li>She did administer there were no issue -Staff #1 came in for home.</li> <li>She thought client before she left the I clients #1 and #3 because they were -Prior to leaving he in a plastic bin unlop</li> </ul>	me Manager was in the errands when the medication #3 on 2/28/20 revealed: ded at the home during 3rd as a recent incident with dication. taff #4 during 3rd shift earlier. uld normally administer clients prior to leaving their r medications that morning an es with her medication count. or 1st shift and staff #4 left the #2 and FC #5 left for school	d				
	leaving the shift. -The medication wa because 1st shift si to the other home.	lastic bin unlocked prior to as left in the plastic bin taff would take the medication were not in school and were	s				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		С
		MHL051-138	-138 B. WING			03/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
THE LIG	HTHOUSE II OF CLA	YTON	ORT DRIVE DN, NC 27520			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	age 11	V 118			
	supposed to go to	the other home that day.				
	Interview with the House Manager on 2/28/20 revealed:					
	-There was a medication incident with FC #5 and client #1 on 2/10/20.		t			
	-The day of the incident he was supposed to be on shift at 8:00 AM.					
	AM.	ved to the home around 8:30				
	and #3 when he ar					
		#5 were both at school. edications were stored in a				
	•	r all four clients were in the				
	-He didn't ask any	questions about the reason was stored that way.				
	-He did not lock up					
	home during the da					
		#1 alone with clients several ne day during 1st shift.				
	-Client #2 and FC # around 1:45 PM.	#5 returned from school				
		e home again that afternoon. e grocery store and get gas fo	or			
	the van. -He took client #3 v	with him during that outing.				
	-Staff #1 remained #1 and client #2.	at the home with FC #5, clien	t			
		to the home he had to I's 3 pm medications.				
	missing.	client #1's medications were				
		later some of FC #5's and ons were missing as well.				
		e home for the missing				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL051-138	B. WING		C 03/03/2020	
AME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
HE LIGI	HTHOUSE II OF CLA	/TON	ORT DRIVE			
		CLAYIC	ON, NC 27520			1
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 12	V 118			
	unit in the back yard -They found several medication in air co -Client #1 confesse all of the missing m	Il empty bottles/packets of onditioning unit. Id that he and FC #5 ingested				
	Depakote, Vyvanse -He thought both cl 100 pills between th -He knew somethin because he was re	e and Melatonin. ients possibly ingested over ne two of them. ig was wrong with FC #5				
	himself. -Client #1 was also expressions. -FC #5 and client #	ng really fast and talking to making really "weird" facial 1 were hospitalized due to tha	at			
	incident of ingesting -He thought both cl a week.	ients were in the hospital over	r			
	3/3/20 revealed:	Program Manager 2/26/20 and	I			
	client #1 and FC #5 -Client #1 and FC # of medications.	5 stole several packets/bottle	es			
	together during that -She was told the H	louse Manager left the				
	-Client #1 and FC # the kitchen area.	the clients indested Adders!				
	Melatonin and Sero	about the other medications				
	the clients possibly -Staff #2 came in th	ingested. hat afternoon and noticed				

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL051-138	B. WING			C 03/2020
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2016 FO	RT DRIVE			
THE LIG	HTHOUSE II OF CLA	CLAYTO	N, NC 27520			
(X4) ID		TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI		(X5) COMPLETE
PRÉFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	DATE
V 118	Continued From pa	ge 13	V 118			
	the medication. -Client #1 was in th -Client #1 never tole medications. -As far as she knew -FC #5 admitted to medication because -She confirmed sta competency in the administration. Interview with the D and 3/3/20 revealed -He was aware the #1 and FC #5 steal -The House Manag with client #1 and FC -He was informed st kitchen area unlock -Client #1 and FC # they stole. -Both clients had to incident. -He confirmed staff competency in the administration. Review on 3/3/20 o	o the hospital due to ingesting e hospital for at least a week. d her why he ingested those v FC #5 was still hospitalized. staff that he ingested the e he wanted to kill himself. ff failed to demonstrate area of medication Director of Operations 2/26/20 d: re was an incident with client ing medication. Jer informed him of the inciden iC #5. staff left the medication in the ted. #5 ingested the medications be hospitalized due to this if ailed to demonstrate				
	What will you imme rule violations in or	ediately do to correct the above der to protect clients from	9			
		ional harm?: "Beginning will ensure that staff are				
	properly storing me	dication as required by state				
	-	vill ensure that we are with all times. KMG will ensure that				
		ne medications in the proper				
		porting medication from one				

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.			
		MHL051-138	B. WING	B. WING		C 03/2020
VAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		(TON 2016 FO	RT DRIVE			
THE LIGI	HTHOUSE II OF CLAY	CLAYTO	N, NC 27520			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLET DATE
		,		DEFICIENC		
V 118	Continued From pa	ige 14	V 118			
	-	-				
		KMG will ensure that all staff on medication management				
	and security of med					
		s to make sure the above				
		Iministering medication, two				
		t be present to ensure that				
		perly taking medication and				
	that consumers do	not have the opportunity to				
		esidential staff will ensure that				
		given in the dining room				
	section under well lit areas. Staff will ensure that					
		operly stored in consumer's				
	personal lock boxes and that those lock boxes are placed in a locked closet at all times. KMG					
		e staff is not allowed to be left				
		ers. If needed management onal back-up to ensure that we				
		ll times. KMG will have a	,			
		ement training in the third				
		vell as any additional training				
	that will ensure staf					
	Clients served in th	e facility had various				
		had a history of suicidal				
		s, deceitful and deviant				
		and compulsive behaviors.				
		ge was between 14 to 16				
	years old. On 2-10-	20 staff #3 left clients' #1, #2,				
	#3 and FC #5's me	dication unlocked in kitchen				
		g her shift. The medication				
		bin in order for 1st shift staff				
		dications to the other home				
		f #1 came in during 1st shift				
		ed medications in the kitchen				
		lanager later reported for 1st				
		red to be present at the home louse Manager ran errands				
		ghout 1st shift leaving staff #1				
		d in medication administration				
		ts. The House Manager was in	n			

	of Health Service Re			CONSTRUCTION		
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL051-138	B. WING	B. WING		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	HTHOUSE II OF CLAY	2016 FO	RT DRIVE			
	HTHOUSE II OF CLAT	CLAYTO	N, NC 27520			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 15	V 118			
	medication to client realized there were for client #1, client # attention later that of the kitchen area ea missing medication House Manager all unlocked in the kitc and made no attem in a cabinet. The in Vyvanse, Divalproe Fumarate, Clonidin Fluoxetine. Client # a combination of ov #5 both displayed of ingesting the medic were both hospitaliz medications for ove constitutes a Type # harm and neglect a 23 days. An admini imposed. If the viola days, an additional per day will be impo- of compliance beyo		t			
V 120		ication Requirements	V 120			
	well-lighted, ventilat and 86 degrees Fal (B) in a refrigerator degrees and 46 deg	age: hall be stored: ked cabinet in a clean, ed room between 59 degrees				

Division of Health Service Regulation STATE FORM

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If continuation sheet 16 of 27

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL051-138	B. WING			C 03/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
	HTHOUSE II OF CLA	YTON	ORT DRIVE			
		CLAYTO	ON, NC 27520			
(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) COMPLETI DATE
V 120	Continued From pa	age 16	V 120			
	or container; (C) separately for e (D) separately for e (E) in a secure man for a client to self-n (2) Each facility tha controlled substance registered under th	external and internal use; nner if approved by a physicia nedicate. It maintains stocks of ces shall be currently e North Carolina Controlled .S. 90, Article 5, including any	n			
	Based on record re facility failed to ens securely locked cal current clients (#1,	et as evidenced by: eviews and interviews, the ure medications were in a binet affecting three of three #2 and #3) and one of one 5). The findings are:				
	revealed: -Admission date of -Diagnoses of Bipo Anxiety Disorder an Disorder. -He is 14 years old -Physician's order of 100 milligrams (mg Clonidine 0.1 mg, of 20 mg, one capsule an	lar Disorder, Generalized nd Oppositional Defiant dated 1/30/20 for Quetiapine j), one tablet as needed; one tablet at bedtime; Adderal e in the morning; Adderall 10 t 3 pm, Fluoxetine 20 mg, one Ziprasidone 40 mg, one				
	revealed: -Admission date of	20 of client #2's record 11/22/19. ositional Defiant Disorder.				

Division	of Health Service Re	egulation			FORM	APPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	ECONSTRUCTION		E SURVEY PLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL051-138	B. WING			C 03/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2016 FO	RT DRIVE			
THE LIG	HTHOUSE II OF CLA	CLAYTO	N, NC 27520			
(X4) ID			ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH		COMPLETE DATE
				DEFICIENCY	<i>(</i> )	
V 120	Continued From pa	ige 17	V 120			
		-				
	-He is 14 years old.					
		dated 11/11/19 for Vyvanse 30 /ery morning; Olanzapine 5mg				
		under tongue every morning;	,			
		ne tablet daily; Olanzapine 10				
		ablet under tongue at bedtime				
		250 mg, three tablets at				
	bedtime.	-				
		20 of client #3's record				
	revealed:	7/16/10				
	-Admission date of	ositional Defiant Disorder, Pos	+			
		visorder, Reactive Attachment	L L			
		Control Disorder and Conduct				
	Disorder.					
	-He is 16 years old.					
		dated 1/29/20 for Melatonin 5				
		eeded at bedtime and				
		, one tablet in the morning. A				
		ated 12/18/19 for Concerta 54				
		e morning; Clonidine HCL 0.1 e morning and Lamotrigine				
	200 mg, one tablet					
	, ene (1.5) or					
		20 of FC #5's record revealed:				
	-Admission date of					
		ositional Defiant Disorder and				
	disorder.	uma and stress related				
	-He is 14 years old.					
	-He was discharged					
		dated 1/30/20 for Atomoxetine				
		apsule in the morning;				
	Melatonin 10 mg, o	ne capsule at bedtime;				
		ne tablet two times daily;				
		, one tablet at night;				
		, two tablets at 6 pm;				
		ite 50 mg, 1 ½ tablets at				
	ealth Service Regulation	line 0.3 mg, one tablet at 6				

Division of Health Service Regulation STATE FORM

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY PLETED	
				A. BUILDING:				
		MHL0	51-138	B. WING			C 03/03/2020	
NAME OF F	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
THE LIG	HTHOUSE II OF CLA	YTON		RT DRIVE N, NC 27520				
(X4) ID	SUMMARY STA	ATEMENT OF DE		ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)	
PRÉFIX TAG	(EACH DEFICIENC REGULATORY OR L			PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
V 120	Continued From pa	age 18		V 120				
	pm.							
	Interview with FC # -There was a recer -He stole medication the group home. -Staff left the medicarea.	nt incident wi	th his medication. kitchen area at					
	Interview with clien -A few weeks ago t medication. -The medication wa unlocked in the kito -He and FC #5 dec medications. -They also stole a f and some of client	here was an as in his meo chen area. cided to steal few of FC #5	incident with his dication box all of his 's medications					
	Interview with staff -There was an inci- on 2/10/20. -Client #1 and FC # shift.	dent with clie	nt #1 and FC #5					
	-He had been work about a month prio -When he came in the home. -Staff #3 was the 3	r to that incid for 1st shift s	lent.	t				
	-When he went into there were several -He thought the me kitchen counter and	o the kitchen bottles/pack edication was	ets of medication. a laying on the					
	-He did not touch th not been trained to -He left the medica	he medicatio administer r tion on the k	n because he hac nedication. itchen counter					
	and did not attemp -Staff #3 left the gr with the clients. -The House Manag	oup home ar	nd he was alone					

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL051-138	B. WING			C 03/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	•	
		2016 FOI	RT DRIVE			
THE LIG	HTHOUSE II OF CLA	CLAYTO	N, NC 27520			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 120	Continued From pa	age 19	V 120			
	15-20 minutes late	r for 1st shift				
		the medication was unlocked				
	in the kitchen area	for all of 1st shift.				
		the medications in the kitchen				
	area prior to the ind					
	-He never saw the medications.	House Manager lock up the				
		facility failed to ensure				
		n a securely locked cabinet.				
	Interview with staff	#2 on 2/26/20 revealed:				
		ident with the medication he				
		came in around 3:15 pm.				
		He noticed there was some medication in a				
		d in the kitchen area.				
		bout the medication being				
	unlocked.					
	in the plastic bin.	t to lock away the medications				
	-He confirmed the	facility failed to ensure				
		n a securely locked cabinet.				
	Interview with staff	#3 on 2/28/20 revealed:				
		dication incident she				
	5	cations prior to leaving her				
		r shift she left the medication				
		ocked in the kitchen area.				
		ould normally leave the				
	medication in the p	lastic bin unlocked prior to				
	leaving the shift.					
		as left in the plastic bin				
		taff would take the medications	5			
	to the other home.					
		were not in school and were				
		the other home that day.				
		e facility failed to ensure n a securely locked cabinet.				
	Interview with the F	House Manager on 2/28/20				
ision of H	ealth Service Regulation		<u>  </u>			
TE FOR	-		<sup>6899</sup> 61	UCF11	lf continuati	on sheet 20 d
IE FOR	M		<sup>6899</sup> 6l	UCF11	lf continuati	on sheet 2 <sup>4</sup>

NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           THE LIGHTHOUSE II OF CLAYTON         Z016 FORT DRIVE CLAYTON, NC 27520         PROVIDER'S PLAN OF CORRECTION (EAC) DEFICIENT VISIT DE INFORMATION)         PREFX PREFX         PROVIDER'S PLAN OF CORRECTION (EAC) DEFICIENT/VISIT DE INFORMATION)         PROVIDER'S PLAN OF CORRECTION (EAC) DEFICIENT/VISIT DE INFORMATION)         PROVIDER'S PLAN OF CORRECTION (EAC) DEFICIENT/VISIT DE INFORMATION)         PROVIDER'S PLAN OF CORRECTION (EAC) DEFICIENCY         CONTENT OF CORRECTIVE ACTION SHOULD BE (EAC) DEFICIENCY         CONTENT OF CORRECTIVE ACTION (EAC) DEFICIENCY         CONTENT OF CONTENT OF DEFICIENCE (EAC) DEFICIENCY         CONTENT OF DEFICIENCE (EAC) DEFICIENCY         CONTENT OF DEFICIENCE (EAC) DEFICIENCY	Division of Health Service F	Regulation	-			APPROVE
MHL051-138         B. WING         C. 03/03/2           VAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         2016 FORT DRIVE CLAYTON, NC 27520           THE LIGHTHOUSE II OF CLAYTON         2016 FORT DRIVE CLAYTON, NC 27520         PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS)         If EACH DORRECTIVE ADDRESS PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS)         If EACH DORRECTIVE ADDRESS PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS)         If EACH DORRECTIVE ADDRESS PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS)         If EACH DORRECTIVE ADDRESS PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS)         If EACH DORRECTIVE ADDRESS PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS PLAN OF CORRECTIVE ADDRESS PLAN OF CORRECTIVE ADDRESS PLAN OF CORRECTION SHOULD BE (EACH DORRECTIVE ADDRESS PLAN OF CORRECTIVE ADDRESS PLAN OF CORRECT						
MHL051-138         P. WING         O3/03/2           VAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZP CODE         2016 FORT DRIVE CLAYTON, NC 27520           MEL LIGHTHOUSE II OF CLAYTON         2016 FORT DRIVE CLAYTON, NC 27520         PROVIDERS PLAN OF CORRECTIVE CLAYTON, NC 27520         0           V120         EMOLD EPROLEMENT BY THE ENDEDEED IF TAUL REGULATORY ON L&C DEFINITIONS IN OF MARTION         PRETX TAG         PROVIDERS PLAN OF CORRECTIVE ACTION SINCLED BE CLAYTON, NC 27520         0           V120         Continued From page 20 - The day of the medication incident he noticed the medications were stored in a plastic bin. - The medications were stored that way. - He did not lock up the medications. - He confirmed the facility failed to ensure medications were stored that way. - He did not lock up the medication. - There was an incident with client #1 and FC #5 stealing medication.         Interview with the Program Manager 2/26/20 through 3/3/20 revealed: - There was and not aware of 3rd shift leaving medication in the kitchen area unlocked. - She was not aware of 3rd shift leaving medication unlocked prior to leaving their shift. - She confirmed the facility failed to ensure medication.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: - He was aware there was an incident with client #1 and FC #5 stealing medication. - He was informed staff left the medication in the kitchen area unlocked. - He dotation facility failed to ensure medications were in a securely locked cabinet. Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: - He was aware there was an incident with client #1 and FC #5 stealing medication. - He was informed staff left the medication. - He was informed staf			A. BUILDING:			
PHELEHTHOUSE IN OF CLAYTON         Bate FOR DRIVE CLAYTON, KC 27520           MAIN PREFIX         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL EACH CORRECTION MUST BE PRECEDED BY PULL REACH CORRECTION SHOULD BE CACOUST ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE         0           V110         Continued From page 20 revealed:         V120         V120           -The day of the medication incident he noticed the medications were stored in plastic bin. -The medication for all four clients were in the kitchen area unlocked.         V120           -He didn't ask any questions about the reason why the medications were stored that way. -He didn't ask any questions about the reason why the medications were stored that way. -He didn't ask any questions about the reason why the medications were in a securely locked cabinet.         Interview with the Program Manager 2/26/20 through 3/3/20 revealed: -There was an incident with client #1 and FC #5 stateling medication. -She was not aware of 3d shift leaving medication unlocked. -She was not aware of 3d shift leaving medication were in a securely locked cabinet.           Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was aware there was an incident with client #1 and FC #5 stealing medication. -He was informed staff left the medication in the kitchen area unlocked. -He difting medication. -He was informed staff left the medication in the kitchen area unlocked. -He difting medication were in a securely locked cabinet. -He was informed the facility failed to ensure medication were in a securely locked cabinet. -He was informed the facility failed to ensure medication were in a securely locked cabinet. -He was informed the facility failed to ensure medication were in a securely lock		MHL051-138	B. WING		03/03/2020	
Ide LIGHTHOUSE II OF CLAYTON       CLAYTON, NC 27520         (M) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (REGULATORY OR LIS DE PRECIEED BY FULL REGULATORY OR LIS DEPENDENTING INFORMATION)       ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (RACH CORRECTIVE ACTION SHOULD BE PREFIX TAG       ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (RACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       0         V120       Continued From page 20 revealed: The day of the medication incident he noticed the medications were stored in a plastic bin. The medication for all four clients were in the kitchen area unlocked. He didn't ask any questions about the reason why the medications were stored that way. He did not lock up the medications. He confirmed the Facility failed to ensure medication in the kitchen area unlocked. She was told the House Manager 12/26/20 through 3/3/20 revealed: There was an incident with client #1 and FC #5 stealing medication. She was told the House Manager 12/26/20 through 3/3/20 revealed: There was an incident with client #1 and FC #5 stealing medication. He was informed the facility failed to ensure medications were in a securely locked cabinet. Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: He was informed staff left the medication in the kitchen area unlocked. He confirmed the facility failed to ensure medications were in a securely locked cabinet. Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: He confirmed the facility failed to ensure medications were in a securely locked cabinet. This deficiency is cross referenced into 10A NCAC 2/2G. 0/209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.       V 296	IAME OF PROVIDER OR SUPPLIEF	R STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CLAYTON, NC 27520           OWNERS         Description           PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY NUST BE PRECEDED BY FULL RECULTORY OR LS: IDENTIFYING INFORMATION)         PREFIX TAG         PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THE APPROPRIATE DEFICIENCY)         0           V120         Continued From page 20 revealed: -The day of the medication incident he noticed the medications were stored in a plastic bin. -The medication for all four clients were in the kitchen area unlocked. -He didn't ask any questions about the reason why the medications were stored that way. -He did not lock up the medications. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Program Manager 2/26/20 through 3/3/20 revealed: -There was an incident with client #1 and FC #5 stealing medication. -She was not aware of 3rd shift leaving medication unlocked prior to leaving their shift. -She confirmed the facility failed to ensure medications were in a securely locked cabinet.           Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was incorred staff left the medication in the kitchen area unlocked.           He confirmed the facility failed to ensure medications were in a securely locked cabinet.           Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was informed staff left the medication in the kitchen area unlocked.           He confirmed the facility failed to ensure medications were in a securely locked cabinet.           This deficiency is cross referenced into 10A NCAC 27G. 0209 Medication Requirements (Tag V-116) for a Type A1 rul		2016 FO	RT DRIVE			
PHEFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTS ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       c         V120       Continued From page 20 revealed: -The day of the medication incident he noticed the medications were stored in a plastic bin. -The medication of all four clients were in the kitchen area unlocked. -He didn't ask any questions about the reason why the medications were stored that way. -He did not lock up the medications. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.       Interview with the Program Manager 2/26/20 through 3/3/20 revealed: -There was not incident with client #1 and FC #5 stealing medication. -She was told the House Manager left the medication unlocked prior to leaving their shift. -She confirmed the facility failed to ensure medication unlocked prior to leaving their shift. -She confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was informed staff left the medication in the kitchen area unlocked. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was aware there was an incident with client #1 and FC #5 stealing medication. -He was aware there was an incident with client #1 and FC #5 stealing medication. -He was informed the facility failed to ensure medications were in a securely locked cabinet.         This deficiency is cross referenced into 10A NCAC 27G. 0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.       V 296 <td></td> <td>CLAYTO</td> <td>N, NC 27520</td> <td></td> <td></td> <td></td>		CLAYTO	N, NC 27520			
revealed: -The day of the medication incident he noticed the medications were stored in a plastic bin. -The medication for all four clients were in the kitchen area unlocked. -He didn't ask any questions about the reason why the medications were stored that way. -He did not lock up the medications. -He confirmed the facility failed to ensure medications were in a securely locked cabinet. Interview with the Program Manager 2/26/20 through 3/3/20 revealed: -There was an incident with client #1 and FC #5 stealing medication. -She was told the House Manager left the medication in the kitchen area unlocked. -She was not aware of 3rd shift leaving medication uncked prior to leaving their shift. -She confirmed the facility failed to ensure medications were in a securely locked cabinet. Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was informed staff left the medication in the kitchen area unlocked. -He confirmed the facility failed to ensure medications were in a securely locked cabinet. Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was informed staff left the medication in the kitchen area unlocked. -He confirmed the facility failed to ensure medications were in a securely locked cabinet. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days. V 296 27G .1704 Residential Tx. Child/Adol - Min. V 296	PREFIX (EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLET DATE
-The day of the medication incident he noticed the medications were stored in a plastic bin.         -The medication for all four clients were in the kitchen area unlocked.         -He didn't ask any questions about the reason why the medications were stored that way.         -He didn't dock up the medications.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Program Manager 2/26/20 through 3/3/20 revealed:         -There was an incident with client #1 and FC #5 stealing medication.         -She was told the House Manager left the medication unlocked prior to leaving their shift.         -She was told the facility failed to ensure medication swere in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed:         -He was informed staff left the medication in the kitchen area unlocked.         -She was told the facility failed to ensure medication swere in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed:         -He was informed staff left the medication in the kitchen area unlocked.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.         V 296       276 .1704 Residential Tx. Child/Adol - Min. Staffing       V 296	V 120 Continued From p	age 20	V 120			
-The day of the medication incident he noticed the medications were stored in a plastic bin.       -The medication for all four clients were in the kitchen area unlocked.         -He didn't ask any questions about the reason why the medications were stored that way.       -He did not lock up the medications.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.       Interview with the Program Manager 2/26/20 through 3/3/20 revealed:         -There was an incident with client #1 and FC #5 stealing medication.       -She was told the House Manager left the medication in the kitchen area unlocked.         -She was told the House Manager left the medication unlocked prior to leaving their shift.       -She was not aware of 3rd shift leaving medication swere in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed: -He was aware there was an incident with client #1 and FC #5 stealing medication.       -He was informed staff left the medication in the kitchen area unlocked.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.       -He was informed staff left the medication in the kitchen area unlocked.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.       This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.       V 296         V296       276 .1704 Residential Tx. Child/Adol - Min. Staffing       V 296	revealed:					
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-He didn't ask any questions about the reason why the medications were stored that way.       -He did not lock up the medications.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.       Interview with the Program Manager 2/26/20 through 3/3/20 revealed:         -There was an incident with client #1 and FC #5 stealing medication.       -She was told the House Manager left the medication in the kitchen area unlocked.         -She was told the House Manager left the medication unlocked prior to leaving their shift.       -She confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed:       -He was avare there was an incident with client #1 and FC #5 stealing medication.         -He was auniformed staff left the medication in the kitchen area unlocked.       -He was avare not a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed:       -He was avare there was an incident with client #1 and FC #5 stealing medication.         -He was avare there was an incident with client #1 and FC #5 stealing medication.       -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.       V 296         V286       27G .1704 Residential Tx. Child/Adol - Min. Staffing       V 296						
why the medications were stored that way.         -He did not lock up the medications.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Program Manager 2/26/20 through 3/3/20 revealed:         -There was an incident with client #1 and FC #5 stealing medication.         -She was told the House Manager left the medication in the kitchen area unlocked.         -She was not aware of 374 shift leaving medication unlocked prior to leaving their shift.         -She confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed:         -He was aware there was an incident with client #1 and FC #5 stealing medication.         -He was informed staff left the medication in the kitchen area unlocked.         -He was informed staff left the medication in the kitchen area unlocked.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         This deficiency is cross referenced into 10A NCAC 27G .020 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.         V 296       27G .1704 Residential Tx. Child/Adol - Min. Staffing       V 296						
-He did not lock up the medications.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         Interview with the Program Manager 2/26/20 through 3/3/20 revealed:         -There was an incident with client #1 and FC #5 stealing medication.         -She was told the House Manager left the medication in the kitchen area unlocked.         -She was not aware of 3rd shift leaving medications were in a securely locked cabinet.         Interview with the Director of Operations 2/26/20 through 3/3/20 revealed:         -He was aware there was an incident with client #1 and FC #5 stealing medication.         -Be was toth the Director of Operations 2/26/20 through 3/3/20 revealed:         -He was aware there was an incident with client #1 and FC #5 stealing medication.         -He was informed staff left the medication in the kitchen area unlocked.         -He was informed staff left the medication in the kitchen area unlocked.         -He confirmed the facility failed to ensure medications were in a securely locked cabinet.         This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.         V 296       27G .1704 Residential Tx. Child/Adol - Min. Staffing       V 296						
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V-118) for a Type A1 rule violation and must be corrected within 23 days.         V 296         27G .1704 Residential Tx. Child/Adol - Min.         Staffing						
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SION OF HEALIN SERVICE REQUIATION	sion of Health Service Regulatior	n				
ATE FORM 6899 6UCF11 If continuation she	-		<sup>6899</sup> 61	UCF11	If continuati	on sheet 21 c

	of Health Service Re				1	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL051-138	B. WING			C 03/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
		2016 FOI	RT DRIVE			
THE LIG	HTHOUSE II OF CLAY	CLAYTO	N, NC 27520			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 21	V 296			
	REQUIREMENTS (a) A qualified profi- telephone or page. able to reach the fa- times. (b) The minimum r required when child present and awake (1) two direct one, two, three or fa (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r during child or adole follows: (1) two direct and one shall be av children or adolescent (2) two direct and both shall be a children or adolescent (3) three direct of which two shall b asleep for nine, ten adolescents. (d) In addition to th care staff set forth i Rule, more direct ca the facility based or individual needs as plan. (e) Each facility sha	care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as care staff shall be present vake for one through four ents; care staff shall be present wake for five through eight				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL051-138	B. WING		C 03/03/2020	
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
HE LIGI	HTHOUSE II OF CLAY	/TON				
0(1) 15			N, NC 27520		CORRECTION	()(5)
(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 THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ige 22	V 296			
		s individual strengths and in the treatment plan.				
l f	This Rule is not me Based on record re	et as evidenced by: views and interviews the				
		ure minimum staffing				
		met by direct care staff when				
		ents are present and awake ree current clients (#1, #2 and	ł			
		former client (FC #5). The				
	revealed:	20 of client #1's record				
	-Admission date of	7/20/19. lar Disorder, Generalized				
	Anxiety Disorder ar Disorder.	nd Oppositional Defiant				
	-He is 14 years old.					
	b. Review on 2/26/2 revealed:	20 of client #2's record				
	-Admission date of	11/22/19.				
	• • • •	sitional Defiant Disorder.				
	-He is 14 years old.					
		20 of client #3's record				
	revealed: -Admission date of	7/15/19.				
	-Diagnoses of Opp	ositional Defiant Disorder, Pos	st			
		isorder, Reactive Attachment				
	Disorder, Impulse C Disorder.	Control Disorder and Conduct				
	-He is 16 years old.					

6UCF11

If continuation sheet 23 of 27

of Health Service Re			CONSTRUCTION			
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
	MHL051-138	B. WING			C 03/03/2020	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	2016 FO	RT DRIVE				
	CLAYTO	N, NC 27520				
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
Continued From pa	ge 23	V 296				
-Admission date of -Diagnoses of Oppo Other specified trau disorder. -He is 14 years old.	10/17/18. ositional Defiant Disorder and uma and stress related					
-There was a recen -The day of the inci #1 was working alo -The House Manag	t incident with his medication. dent with his medication staff ne at the group home. er was away from the home					
-A few weeks ago the medication. -The House Manage with client #3.	here was an incident with his er had left the group home					
-Staff #1 was worki FC #5 stole the me -The House Manag	ng alone when client #1 and dication. er had left the group home					
-He thought he was when the medicatio -He and the House some errands. -He had gone out w several times that o	s with the House Manager on was stolen. Manager had gone out to run vith the House Manager lay.					
	PROVIDER OR SUPPLIER HTHOUSE II OF CLAY SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa - There was no doct be supervised by of d. Review on 2/26/2 - Admission date of - Diagnoses of Oppo Other specified trau disorder. - He is 14 years old. - He was discharged Interview with FC # - There was a recen - The day of the inci #1 was working alo - The House Manag when he stole the m Interview with client - A few weeks ago the medication. - The House Manag with client #3. - Staff #1 was working with client #3. - Staff #1 was working when the medication - The House Manag with client #3. - Staff #1 was working - The House Manag with client #3. - Staff #1 was working - The House Manag with client #3. - Staff #1 was working - The House Manag with client #3. - Staff #1 was working - The House Manag with client #3. - Staff #1 was working - The House Manag - The Hou	AT OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL051-138       MHL051-138         PROVIDER OR SUPPLIER       STREET A 2016 FO CLAYTON         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 23         -There was no documentation that client #3 could be supervised by one staff away from the facility.         d. Review on 2/26/20 of FC #5's record revealed: -Admission date of 10/17/18.         -Diagnoses of Oppositional Defiant Disorder and Other specified trauma and stress related disorder.         -He is 14 years old.         -He was discharged on 2/14/20.         Interview with FC #5 on 3/2/20 revealed: -There was a recent incident with his medication staff #1 was working alone at the group home.         -The House Manager was away from the home when he stole the medication.         Interview with Client #1 on 2/26/20 revealed: -A few weeks ago there was an incident with his medication.         -The House Manager had left the group home with client #3.         -Staff #1 was working alone when client #1 and FC #5 stole the medication.         Interview with client #2 on 2/26/20 revealed: -Staff #1 was working alone when client #1 and FC #5 stole the medication.         -The House Manager had left the group home and went to the store.         Interview with client #3 on 2/28/20 revealed: -He thought he was with the House Manager when the medication was stolen. <td>IT OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING: DENTIFICATION NUMBER:         MHL051-138       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST 2016 FORT DRIVE CLAYTON, NC 27520         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 23       V 296         -There was no documentation that client #3 could be supervised by one staff away from the facility.       V 296         d. Review on 2/26/20 of FC #5's record revealed: -Admission date of 10/17/18.       V 296         -Diagnoses of Oppositional Defiant Disorder and Other specified trauma and stress related disorder.       V 296         -He is 14 years old.       -He was discharged on 2/14/20.       V         Interview with FC #5 on 3/2/20 revealed: -There was a recent incident with his medication.       -The House Manager was away from the home when he stole the medication.         .The House Manager was away from the home when he stole the medication.       Interview with client #1 on 2/26/20 revealed: -A few weeks ago there was an incident with his medication.       Interview with client #2 on 2/26/20 revealed: -Staff #1 was working alone when the medication was stolen.         Interview with client #2 on 2/28/20 revealed: -Staff #1 was working alone when client #1 and FC #5 stole the medication. -The House Manager had left the group home and went to the store.         Interview with clien</td> <td>art of DEFICIENCIES OF CORRECTION       (X1) PROVIDERSUPPLIENCLA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING:         mHL051-138       B. 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WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE CLAYTON, NC 27520         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 23       V 296         -There was no documentation that client #3 could be supervised by one staff away from the facility.       PREFIX TAG         d. Review on 2/26/20 of FC #5's record revealed: -Admission date of 10/17/18.       Diagnoses of Oppositional Definant Disorder and Other specified trauma and stress related disorder.       Interview with FC #5 on 3/2/20 revealed: -There was a recent incident with his medication.         -The House Manager was away from the home when he stole the emdication.       Interview with Client #1 on 2/26/20 revealed: -A few weeks ago there was an incident with his medication.       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Division	of Health Service R	egulation			FORM	APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:				COMPLETED	
		MHL051-138			C 03/03/2020		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•		
		2016 FO	RT DRIVE	,			
THE LIG	HTHOUSE II OF CLA	YTON CLAYTO	N, NC 27520				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		IB III III III III III III III III III		OF CORRECTION		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	HE APPROPRIATE	COMPLETE DATE	
				DEFICIENCY	()		
V 296	Continued From page 24		V 296				
	home all day.						
	Interview with staff	#1 on 2/28/20 revealed:					
		dent with client #1 and FC #5.					
	-He had been working at the group home for						
	about a month prior to that incident.						
	-When he came in for 1st shift staff #3 was still at		C				
	the home. -Staff #3 was the 3rd shift staff.						
	-Staff #3 left the group home and he was alone						
	with the clients.						
	-The House Manager arrived to the home about						
	15-20 minutes later for 1st shift.						
	-The House Manager was in and out of the home		•				
	running errands that day. -He thought the House Manager left the home						
	that day on at least 5 separate occasions.						
	-He did work alone at the home with clients for						
	most of 1st shift.						
		-The House Manager had left him alone with					
		on other occasions.					
	-The House Manager would normally run errands for the home during the day.		5				
		facility failed to ensure					
		equirements were met by					
		ien children or adolescents are	•				
	present and awake						
	Interview with staff	#2 on 2/26/20 revealed:					
	-The day of the incident when the residents had						
	taken the medication he came in around 3:15 pm		-				
	-When he came in staff #1 was at the home						
	alone with client #1, client #2 and FC #5.						
	-He thought client #3 was in the community with						
	the House Manager. -Staff #1 was possibly working alone with three						
	clients when the medication was stolen.						
		ome Manager was in the					
		gerrands when the medication					
	was stolen.						
ision of H	ealth Service Regulation						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-138			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		DENTI IO TION NOMBEN.	A. BUILDING:	A. BUILDING:		
		MHL051-138	B. WING			C 03/03/2020
NAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, ST	TATE, ZIP CODE		
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	ge 25	V 296			
	-He confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake.		are			
	Interview with staff #3 on 2/28/20 revealed: -She normally worked at the home during 3rd shift.					
	-She worked with staff #4 during 3rd shift earlier. -Staff #1 came in for 1st shift and staff #4 left the home.					
	clients #1 and #3. -She confirmed the	home staff #1 was alone wit facility failed to ensure	th			
		equirements were met by en children or adolescents a	are			
	revealed:	louse Manager on 2/28/20 dication incident he was				
	supposed to be on -He thought he arriv		0			
	AM. -Staff #1 was alone and #3 when he arr	at the home with clients #1				
	-He had arrived to t other occasions.	he home after 8:00 AM on				
	times throughout th	#1 alone with clients several e day during 1st shift. e grocery store and get gas				
	the van the day of t -He took client #3 w	he incident. vith him during that outing.				
	#1 and client #2.	at the home with FC #5, clie	ent			
	minimum staffing re	acility failed to ensure equirements were met by en children or adolescents a	are			
	present and awake					

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWBER.	A. BUILDING:			
		MHL051-138	B. WING			C 03/2020
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HE LIGI	HTHOUSE II OF CLA	YION	RT DRIVE N, NC 27520			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN C			
PRÉFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 296	Continued From page 26		V 296			
	through 3/3/20 reve -The day of the me the House Manage -She was not awar alone when the me -She confirmed the minimum staffing re direct care staff wh present and awake This deficiency is c NCAC 27G .0209 N	edication incident staff #1 and er were working together. e staff #1 was possibly working edication was stolen. e facility failed to ensure equirements were met by then children or adolescents are e. cross referenced into 10A Medication Requirements (Tag A1 rule violation and must be				