

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
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NAME OF PROVIDER OR SUPPLIER LAKE MONROE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1708 LAKE MONROE DRIVE MONROE, NC 28112
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 3-11-20. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose primary Diagnosis is a Developmental Disability.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure medications were stored separately effecting 3 of 6 clients (clients #1, #4, and #5). The findings are:</p>	V 120		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 120	<p>Continued From page 1</p> <p>Observation on 2-25-20 at approximately 3:00 pm revealed:</p> <ul style="list-style-type: none"> -One box for controlled medication. -Client #1 had vyvanse 70 mg stored in box. -Client #4 had Clonazepan .5 mg stored in box. -Client #5 had Vimpat 50 mg stored in box. -All medication was together, no bags or dividers to separate them. <p>Interview on 2-25-20 with the facility manager revealed:</p> <ul style="list-style-type: none"> -He had never known that the controlled medication needed to be separated according to client. -He would fix the medication immediately. <p>Interview on 3-11-20 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She Had never heard that the controlled medication needed to be stored separately by client. -They had never been cited for this before. -They would ensure that all medication would be stored separately by client in the future. 	V 120		