Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL064-075 02/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD BTW HOME CARE SERVICES **ROCKY MOUNT, NC 27803** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An Annual and Follow Up Survey was completed 2/24/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 118 27G .0209 (C) Medication Requirements V 118 27G .0209 (C) Medication Requirements 03/05/20 10A NCAC 27G .0209 MEDICATION BTW staff are to sign and check for REQUIREMENTS accuracy immediately after administering (c) Medication administration: medications. Lincensee Doris Barnes will ensure this policy is followed by checking (1) Prescription or non-prescription drugs shall the MAR daily and the QP will ensure the only be administered to a client on the written policy is followed by checking the MAR on order of a person authorized by law to prescribe a by-monthly basis. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by **DHSR-Mental Health** unlicensed persons trained by a registered nurse. pharmacist or other legally qualified person and privileged to prepare and administer medications. MAR 1 8 2020 (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be Lic. & Cert. Section recorded immediately after administration. The MAR is to include the following: (A) client's name: (B) name, strength, and quantity of the drug; (C) instructions for administering the drug: (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER PEPRESENTATIVE'S SIGNATURE

CFO

(X6) DATE

STATE FORM

99

LEF911

03/10/20 If continuation sheet 1 of 4 Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
MHL064-075		B. WING _		02/24/2020							
NAME OF PRO	VIDER OR SUPPLIER			DRESS, CITY, STATE, ZIP CODE							
BTW HOME CARE SERVICES 2709 GARY ROAD ROCKY MOUNT, NC 27803											
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION										
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ACTION SHOULD BE COMPLETE DATE						
V 118 Co	118 Continued From page 1		V 118								
The Ball failt immodel	is Rule is not me sed on record revised to keep MARs mediately after adents (#1). The find wiew on 2/18/20 or dmission date of Cagnoses of Schizoperger's Syndrom mysician's order wilcium 20mg-take reat cholesterol a Divalproex sodium lets by mouth at be sof seizure disorazepam 1mg-take ar not signed 2/17 dications listed abording interview on 2 cer reported: aff should check anfirmed MAR not ecks MAR weekly talified Profession	t as evidenced by: view and interview the facility current and record liministration for 1 of 3 audited lings are: of client #1's record revealed: 08/30/07. ophrenia, Paranoid, e ritten 11/24/19 - Atorvastatin 1 tablet by mouth daily (used nd fats). ER coated 500mg- take 4 oedtime (used to treat various rders/used to treat manic oipolar disorder). take 1 tablet by mouth at at insomnia due to anxiety). //20 for any of the oove. et/18/20 the Chief Financial and sign MAR daily. signed 2/17/20. // al checks monthly.									
		and Grounds Maintenance	V 736	27G .0303(c) Facility and Grounds Maintenan							
(c) E	TERIOR REQUIR	3 LOCATION AND EMENTS is grounds shall be		BTW staff will inspect the facility on a basis to ensure it is free from clutter in items are in disrepair. Staff is to re any areas of concern to lincensee	and						

_	FORM APPROVED								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
-			MHL064-075	B. WING		02/24/2020			
l	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	DRESS, CITY, STATE, ZIP CODE				
l	DTW/ UC	ME CARE SERVICES	2700 CAE		,				
L	BIWHO	WIE CARE SERVICES	ROCKY N	MOUNT, NC 27803					
	(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 736 Continued From page 2		V 736	V 736 Continued From page 3		00/05/05			
		maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.			Continued From page 2 James Barnes immediately so that repror concerns may be addressed in a timmanner. In addition to the staff inspection daily licensee James Barnes will inspect the facility on a weekly basis to ensure policy is being adhered to.		ly is		
	, , ,	was not maintained and orderly manner. Observations on 2/1 3:35 pm revealed th client #3 and #2's b need of repair. -5 to 10 boxes of prothe bedroom stacked hallway bathroom 2 missing. -client #4 and #1's bedrient #4's dresser missing. -bathroom in the robathroom missing the entire light fixtue bathroughout. Interview on 2/18/20 3:35pm Chief Finance the blinds break who will be the pharmacy continued the protective underwore than enough. -clients complain about oright.	on and interview, the facility in a safe, clean, attractive The findings are: 8/20 between 3:05 pm and e following: edroom blinds were broken in obtective underwear stored in deside client #2's bed. out of 4 light bulbs were edroom: had 2 out of 5 drawers om had no shower curtain. 2 out of 6 light bulbs. Interrusted. In the brown dirt/mildew spots between 3:05pm and ial Officer reported: en clients peek out, they had ues to mail several boxes of year a month, they have but the bathroom being to						
		will need to replace t	he dresser.						
Wi	sinn of Hea	Ith Service Regulation							

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL064-075 02/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD BTW HOME CARE SERVICES **ROCKY MOUNT, NC 27803** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 736 Continued From page 3 V 736 -doesn't know what happened to the shower curtain but will get one to put in there. -confirmed light fixture was rusted. - clients clean the bathroom and their bedrooms weekly.