Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-029		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:				
		B. WING		R 03/10/2020			
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	TADDRESS, CITY, STATE, ZIP CODE				
EASON CO	OURT		SON COURT SVILLE, NC 27596				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on March 10, 2020. A deficiency was cited.						
		d for the following service 27G .5600A Supervised Mental Illness.					
V 118	27G .0209 (C) Medication Requirements		V 118				
	 only be administered order of a person auti drugs. (2) Medications shall clients only when auti client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the 	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The					
	 (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record 	nd quantity of the drug; Iministering the drug; drug is administered; and person administering the r medication changes or ded and kept with the MAR pointment or consultation					

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			A. BUILDING:			R	
		B. WING	·····	03	8/10/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
EASON C	OURT		ON COURT SVILLE, NC 27596				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED B)		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMP THE APPROPRIATE DA		
V 118	Continued From page	91	V 118				
	were administered as ensure MARs were ke	3					
	medications revealed	mg - 1 at hour of sleep 0mg - 1 daily g - 1 daily Img 1 twice daily					
	- admission date - diagnoses inclu Disorder, Hypothyroid Reflux Disease, Diab Dyslipidemia and Astl - a doctor's order Atorvastatin 20mg - 2 - a doctor's order Atorvastatin 40mg 1 t	ding Schizophrenia, Bipolar lism, Gastro Esophageal etes, Seizure Disorder, ma dated 11/27/19 for tablets (tab) daily dated 1/17/20 for ab daily					
	11/27/20 to reflect the (from 1 to 2 tabs). The - December, 201 Atorvastatin at 20mg change made on 11/2 initialed daily - January, 2020's	9's MAR changed on e increase for Atorvastatin e MAR was initialed daily 9's MAR listed the 1 tab daily (not reflecting the 27/19). The MAR was s MAR listed the Atorvastatin ntil 1/17/20 and was initialed.					

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-029			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		B. WING	03	03/10/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
EASON C	OURT		ON COURT SVILLE, NC 27596			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 118	Continued From page 2		V 118			
	The Atorvastatin was Atorvastatin 40mg - 3 entry was initialed fro - February and I Atorvastatin 40mg 1 ordered) - initials were mi following dates for: - Gemfibrize Ezetimibe on Januar - Gemfibrize - Lantus - J During an interview o - client #1 alway Atorvastatin. They ju order of 20mg tablets tabs - she did not une not documented corr During an interview o Director/Temporary H - staff were givir medication but the M - the doctor told his supply of 20mg A 40mg prescription fill - they would hav the time if they had b tabs instead of one. "Due to the failure to medication administr determined if	s then rewritten as 2 tabs at hour of sleep. This om 1/22/20 - 1/31/20 March's 2020's MAR listed tab at hour of sleep (as issing on the MARs on the ol, Lansoprazole and y 1, 2020 ol -February 10, 28 & 29, 2020 anuary 5, 9 &10, 2020 on 2/25/20, staff #1 reported: rs got the right dosage of ust had to use up an old s before starting the 40mg derstand why the MARs were rectly on 2/25/20, the House Manager reported: ng the right dosage of MAR did not reflect that them it was okay to use up storvastatin before having the led //e run out of the pills in half open giving her two 40mg				

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