	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	of connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL067-207	B. WING		05/	06/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
LENNOX	HOUSE		NOX CIRCLE NVILLE, NC 2	8546		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	2020. The complai	was completed on May 6, nt was substantiated (Intake eficiencies 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) Med	ication Requirements	V 118			
	 only be administered order of a person and drugs. (2) Medications shat clients only when an client's physician. (3) Medications, include the administered only bunched by administered only bunched by a maximum of the privileged to prepare (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include the (A) client's name; 	inistration: ion-prescription drugs shall d to a client on the written uthorized by law to prescribe III be self-administered by uthorized in writing by the luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				
	 (C) instructions for a (D) date and time th (E) name or initials drug. (5) Client requests to checks shall be recommended. 	administering the drug; ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL067-207	B. WING		05/	06/2020
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S		03/	00/2020
ENNOX	HOUSE		NOX CIRCLE	28546		
(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 ACT CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLE DATE
V 118	Continued From pa	nge 1	V 118	DEFICIENC	, Y)	
V IIO	with a physician.		VIIO			
	with a physician.					
	This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to administer medications on the written order of a physician and failed to keep the					
		ting 1 of 1 client audited (clien				
	Review on 5/1/2020 of client #3's record					
	revealed: - 31 year old male.					
	- Admission date of	f 10/24/19				
		ed Moderate Intellectual				
		ability, Acute Reactive npairment (prosthetic left eye)				
	and Seizure Disord					
) of client #3's medication				
	orders and order da					
		/2020: Clobetasol 0.05% ctive areas on scalp every				
		calp and skin conditions, i.e.				
	psoriasis, dermatiti					
		ne 0.1 mg twice daily. (lowers so used to treat a variety of				
	psychiatric conditio					
		nd Shoulder's Shampoo, apply				
	5	ace, scalp and ears. (dandruff				
	and seborrheic der	rigine 150 mg, 2 tablets twice				
	daily. (seizure disor					
	-1/14/2020: Olanza	apine 10 mg four times daily.				
		ns, i.e. schizophrenia and				
sian of !!	bipolar disorder) ealth Service Regulation					

Vivision of Health Service Re TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(V2) DAT	E SURVEY
ND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
	MHL067-207	B. WING		05/	06/2020
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ENNOX HOUSE	104 LEN	NOX CIRCLE			
	JACKSO	NVILLE, NC 2	8546		
PREFIX (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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 118 Continued From pa	age 2	V 118			
 -2/26/2020: Topirar (seizure disorder) -2/26/2020: Ketoco topical route 3 time lather, leave in place (fungal infections; t -2/26/2020: Fluocin scalp and ears at n -2/17/2020: Amoxic Potassium 125 mg ordered). (antibiotic -2/26/2020: Lorata for allergy sympton Review on 5/4/2020 February 2020 MAI -Ketoconazole 2% 0.01% body oil wer from the pharmacy -Head and Shoulde documented as ad 2/21/2020. Olanzapine 10 mg documented on Sa blank). -Amoxicillin 875 mg administered at 8 a Amoxicillin 875 mg administered on 2/2 -Client #3 was out of 2/27/2020 and retu doses of Clobetaso were documented at and 2/28/2020. Oth be administered at 	nate 25 mg at bedtime. phazole 2% Shampoo, apply as a week to the affected area, be 5 minutes and then rinse. reatment of dandruff) nolone 0.01% body oil, apply to ight. (eczema) cillin 875 mg-Clavulanate every 12 hours (20 tablets c) idine 10 mg daily as needed as. 0 and 5/5/2020 of client #3's R revealed: Shampoo and Fluocinolone re documented as not received c er's Shampoo was only ministered once in February or 1, 12 pm dose, was not turday 2/8/2020 (MAR was g was scheduled to be am and 8 pm. On 2/27/2020 a documented as administered but dose documented. as documented as				

	of Health Service Re			CONCTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL067-207	B. WING		05/	06/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	HOUSE	104 LEN	NOX CIRCLE			
	HOUSE	JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	TION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
V 118	Continued From pa	ige 3	V 118			
	Review on 5/4/2020) and 5/5/2020 of client #3's				
	March 2020 MAR r					
		% body oil was documented as				
		orm 3/1/2020 - 3/13/2020. The				
	medication was documented as administered at 8					
		- 3/31/2020. (According to the lication was received from the				
	pharmacy on 4/7/20					
	-Ketoconazole 2% Shampoo was documented as					
	administered once in March on 3/21/2020.					
	-Head and Shoulder's Shampoo was scheduled					
	for 8 pm and documented as administered daily					
	from 3/2/2020 - 3/6/2020 and 3/9/2020 -					
	3/31/2020. (Ordered every other day)					
		wice daily was scheduled to be	•			
	documented as not	m and 8 pm. Clonidine was				
		from 8 pm on 3/28/2020				
		30/2020. Staff documented				
		not administered on 3/28/2020				
	because it was not	available.				
	-Topiramate 25 mg	was scheduled to be				
		m. Topiramate was				
		administered at 8 pm				
)20 because it was not				
	available.					
	Review on 5/4/2020	0 and 5/5/2020 of client #3's				
	April 2020 MAR rev					
	-The Fluocinolone (
		administered from 4/1/2020 -				
		020 staff documented the				
		t in the home and the				
		fied and it would be delivered				
	documented as del	inolone 0.01% body oil was				
		en ordered 2/26/2020.)				
		ng, 2 tablets, 8 am dose on				
	4/9/2020 was docu	,				1

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	MHL067-207		B. WING		05/06/2020	
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		00/2020	
		104 LEN	NOX CIRCLE			
LENNO/	HOUSE	JACKSO	NVILLE, NC 2	28546		
(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	ige 4	V 118			
	administered on 4/8 4/20/2020, 4/22/202 4/26/2020. The tim administered was r Interview on 5/5/20 stated: -Client #3's Fluocir (2/26/2020) was de prior authorization. -An error in the pha of client #3's Ketoca -Documentation of 2/27/2020 and 2/28 documentation error -There were occasis choose to not show Shoulders Shampo She was not aware Shoulders Shampo during the month of -She had not been #3's 12 pm Olanzaj 2/8/20. -Amoxicillin was or dispensed on 2/17/ tablets. It would have had z/29/20 when only 2 dispensed; therefor documentation error Due to the failure to medication adminis	was documented as 3/2020, 4/9/2020, 4/12/2020, 20, 4/23/2020, 4/25/2020, the the medication was not documented. 20 the Registered Nurse molone 0.01% topical body oil ayed because of the need for armacy delayed the dispensing onazole shampoo. 8 pm medications on 3/2020 was probably a or. ions that client #3 would ver and the Head and to would not be administered. of why the Head and to was only documented 1 time f February. made aware of a reason client pine was not administered on dered 2/17/2020 and 2020. The order was for 20 twe been a documented se). She was not sure how a dose to administer on 20 tablets had been re, this may have been a				

Division	of Health Service Re	egulation			-	-
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
		MHL067-207	B. WING		05/0	6/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		IOX CIRCLE NVILLE, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	27G .0209 (H) Med 10A NCAC 27G .02 REQUIREMENTS (h) Medication error and significant advertise reported immediate pharmacist. An entri and the drug record. A shall be charted. This Rule is not me Based on record re facility failed to reportise immediately to a ph findings are:	lication Requirements 209 MEDICATION rs. Drug administration errors erse drug reactions shall be by to a physician or ry of the drug administered on shall be properly recorded A client's refusal of a drug	V 123			
	Developmental Dis	<i>N</i> oderate Intellectual ability, Acute Reactive npairment (prosthetic left eye),				
	for February 2020 t -Incident report data client #3 did not hav during the evening medications were C -Incident report data	0 of the facility incident reports hrough April 2020 revealed: ed 3/28/2020 documented ve 2 medications on hand medication "pass." The Clonidine and Topiramate. ed 3/30/2020 documented ceive his 8 am dose of				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	FLETED
		MHL067-207	B. WING		05/	06/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
LENNOX		104 LENI	NOX CIRCLE			
	HOUSE	JACKSO	NVILLE, NC 2	8546		
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 123	Continued From pa	ge 6	V 123			
	Clonidine because -The physician was "Medication Error F #3 had missed the -8 pm Topiramat 3/30." -8 am and 8 pm 3/30." Review on 5/4/2020 medication orders a Records (MARs) from revealed: -Order dated 2/26/2 body oil nightly to the Fluocinolone 0.01% received from the per- -Order dated 2/26/2 Shampoo 3 times a Shampoo was doout the pharmacy on the documented as address 3/21/2020. -Order dated 12/160 Shampoo, apply even and ears. Head and only documented as February (2/21/2022) 3/6/2020 and 3/9/20 -Order dated 1/14/22 twice daily. Clonidinal administered for 4 con 3/28/2020 becau- Order dated 2/26/20	it was not in the house. notified via a faxed orm" on 3/30/2020 that client following medications: te 25 mg on "3/27, 3/28 & Clonidine 0.1 mg on "3/29 & O and 5/5/2020 of client #3's and Medication Administration om 2/1/2020 - 4/27/2020 2020 for Fluocinolone 0.01% he scalp and ears. o body oil was documented as harmacy on 4/7/2020. 2020 for Ketoconazole 2% week. Ketoconazole 2% week. Ketoconazole 2% umented as not received from e February 2020 MAR and ministered once in March on /19 for Head and Shoulder's ery other day to face, scalp d Shoulder's Shampoo was s administered once in 0) and daily from 3/2/2020 -				
	administered on 3/2 was not available. -Order dated 1/14/2	27/2020 - 3/29/2020 because it				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	0. 00.11.20.1011		A. BUILDING:			
		MHL067-207	B. WING		05/	06/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FNNOX	HOUSE		NOX CIRCLE			
		JACKSO	NVILLE, NC 2	28546		
(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) COMPLE DATE
V 123	Continued From pa	ige 7	V 123			
	because it was not -Order dated 1/14/2 four times daily. Ola was not documented documented as not Interview on 5/5/20 stated: -There was at least #3's Flucinolone pro- incident report and reported to the phys body oil was receive 2/26/2020.) -The Ketoconazole 2/26/2020, had not pharmacy until Mar report or report to t -There were times of shower and the sta and Shoulders Sha not sure why it was February 2020. Inc notifications had no -Client #3 missed of Clonidine between he ran out of the m week end. She wa pharmacy but it wa- incident report notif 3/30/2020. -Lamictal was not g	a administered on 4/9/2020 available. 2020 for Olanzapine 10 mg anzapine 10 mg 12 pm dose ed on Saturday 2/8/2020 and given at 4 pm on 4/4/2020. 20 the Registered Nurse (RN) a 2 week delay in filling client escription. There had been not the delay had not been sician. Fluocinolone 0.01% ed 4/7/2020 (ordered 2% Shampoo, ordered on been dispensed from the rch. There was no incident he phycian about the delay. client #3 would choose not to ff would not apply the Head mpoo as ordered. She was not documented but once in cident reports and physcian ot been done. loses of Topiramate and 3/28/2020 -3/30/2020 because edications. This was over a s notified and called the s not open. She sent an fying the physician on given 4/9/2020 because he sure the staff did an incident				
	automatically. She had reported this to -She had not been	(RN) did not see where she				

Division of Health Service Regulation						"
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	SURVEY _ETED
		MHL067-207	B. WING		05/0	6/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
LENNOX HOUSE 104 LEI		NOX CIRCLE NVILLE, NC				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	ealth Service Regulation					
Jivision of H	earn Service Regulation					