Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL053-068		B. WING			-C 20/2020
NAME OF	PROVIDER OR SUPPLIER		T ADDRESS, CITY, S	STATE, ZIP CODE		0,2020
		2105	IVE OAK DRIVI			
I INNOVA	ATIONS, INC-2105 LIV	SANF	ORD, NC 27330	<u> </u>		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	November 20, 2020 unsubstantiated (In Deficiencies were controlled This facility is licens category: 10A NCA	low survey was completed of the complaint was take #NC00171405). Sited. Seed for the following service C 27G.5600C Supervised h Developmental Disabilitie				
V 118 27G .0209 (C) Medication Requirements			V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (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 unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be 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		se, d ns. of ept			

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

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C	
	MHL053-068		B. WING		11/2	0/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
I INNOVA	ATIONS, INC-2105 LIV	E OAK DRIVE	OAK DRIVI D, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	file followed up by a with a physician. This Rule is not me Based on observatinterviews, the facil physician's order for failed to keep the Normal Collection (#2 and #3) medications were a affecting two of three findings are: 1. The following is a follow the physician Review of record for revealed: -Admission date of -Diagnoses of Autis Developmental Dis Reflux Disorder, Coand Hypertriglyceric -Physician's order of 500 mg, one tablet -The November 20 through 11/17 for the Observation on 11/10 AM of the medication.	et as evidenced by: ion, record reviews and ity failed to follow the or one of three clients (#1), MAR current for two of three and failed to ensure available for administration ee clients (#2 and #3). The evidence the facility failed to or's order. or client #1 on 11/19/20 11/19/10 sm, Severe Intellectual ability, Gastroesophageal blitis, Pre-diabetes, Eczema demia. dated 10/2/20 for Naproxen twice a day. 20 MAR was documented 11/1 ne Naproxen 500 mg.	V 118	DEFICIENCY)		
l	available for client	#1 on 11/19/20 revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL053-068		B. WING			R-C 20/2020	
LINNOVATIONS, INC-2105 LIVE OAK DRIVE			DRESS, CITY, S E OAK DRIVE D, NC 27330				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From paragraphs of thought client possibly just ran ourshe thought the more filled soon. They normally don for client's in the morning medication. The staff who work morning medication or confirmed the physician's order for client #1. The facility staff farorder for client #1. The facility staff farorder for client #1. The facility staff farorder for client #1. The following is a keep the MAR current a. Review of record revealed: Admission date of Diagnoses of Impunisorder, Mild Intell Disorder, Hypertens Disorder and Hyper-Physician's order of Sodium 100 mg, or Physician's order of the Sodium 100 mg, or tablet three Physician's order of the Sodium sorder o	#1's Naproxen me t. edication was supp 't do the morning norning. ked overnight norm in for each client. facility staff failed for client #1. Issee #1 on 11/20/20 filed to follow the ph evidence the facility ent. I for client #2 on 11 9/16/19 for client #2 on 11 9/16/19 for client #2 on 11 9/16/19 for client #2 on 11 ectual Disability, Bi sion, Gastroesopha rglyclodemia. flated 8/18/20 for Di the tablet daily as need the times daily as need flated 3/17/20 for Lo flatily as needed and g, inhale one spray dated 2/18/20 for Al puffs as needed. 20 MAR had the ab	posed to be nedications ally did the to follow the total Reflux profen 800 eded. Profen 800 eded. Profen 800 eded. Profen 800 eded to follow the total HFA pove				

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	Of Fleath Service IN		1			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AIND LEAIN	AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		COIVIFLETED	
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	MHL053-068		B. WING			0/2020
NAME OF	PROVIDER OR SUPPLIER	STDEET AF	IDDESS CITY S	STATE, ZIP CODE		
NAIVIE OF	PROVIDER OR SUPPLIER					
I INNOVA	ATIONS, INC-2105 LIV	F OAK DRIVE	E OAK DRIVE			
			D, NC 27330			
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 118	Continued From pa	age 3	V 118			
•	•	.gc				
	revealed:					
	-Admission date of					
		ntion Deficit Hyperactivity				
		lectual Disability, Mood				
	Disorder, Congenita					
		d Severe Thrombocytopenia. dated 11/1/20 for Acne 5%				
		ly to affected area at bedtime				
	as needed.	iy to ancolou area at bediime				
		dated 2/26/20 for Aerochamber				
		ery six hours as needed with				
		nd Albuterol Sulfate Inhaler 2.5				
	mg/3 ml, use conte	nts of one vial in Nebulizer				
	every six hours as	needed.				
	-Physician's order dated 11/25/19 for Lorazepam 1 mg.					
		20 MAR had the above				
	medications listed					
	1	//4 · · · · 44/40/00 · · · · · · · · · · · · · · ·				
		#1 on 11/19/20 revealed:				
		of the as needed medications				
		gused by clients #2 and #3. s that are not being used are				
	still listed on the MA					
		ver sent some of the as				
	'	s to the group home.				
		ceived the Aerochamber				
		naler because Medicaid				
	refused to pay for it	t.				
		ff failed to keep the MAR				
	current for clients #					
	Interview with Licensee #1 on 11/20/20 confirmed:					
	-The facility staff failed to keep the MAR current					
	for clients #2 and #	3 .				
	2. The fellowing is suidened for the staff for the training					
	3. The following is evidence facility staff failed to ensure medications were available for administration.					

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	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MUI 052 060				R-C 11/20/2020	
		<u>I</u>		11/2	0/2020
ROVIDER OR SUPPLIER					
TIONS, INC-2105 LIV	F OAK DRIVE				
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETE DATE
Continued From pa	ge 4	V 118			
a. Review on 11/19/20 of client #2's record revealed: -Physician's order dated 8/18/20 for Docusate Sodium 100 mg, one tablet daily as neededPhysician's order dated 7/1/20 for Ibuprofen 800 mg, one tablet three times daily as neededPhysician's order dated 3/17/20 for Loratadine 10 mg, one tablet daily as needed and Fluticasone 50 mcg, inhale one spray into each nostril as neededPhysician's order dated 2/18/20 for Albuterol HFA 90 mcg, inhale two puffs as neededThe November 2020 MAR had the above medications listed. Observation on 11/19/20 at approximately 9:55 AM of the medication area revealed: -The Docusate Sodium 100 mg, Ibuprofen 800 mg, Loratadine 10 mg, Fluticasone 50 mcg and Albuterol HFA 90 mcg medications were not available.					
b. Review on 11/19/20 of client #3's record revealed: -Physician's order dated 11/1/20 for Acne 5% lotion, apply topically to affected area at bedtime as neededPhysician's order dated 2/26/20 for Aerochamber Z-Stat Plus, use every six hours as needed with Albuterol Inhaler and Albuterol Sulfate Inhaler 2.5 mg/3 ml, use contents of one vial in Nebulizer every six hours as neededPhysician's order dated 11/25/19 for Lorazepam 1 mgThe November 2020 MAR had the above medications listed Observation on 11/19/20 at approximately 10:15					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa a. Review on 11/19, revealed: -Physician's order of Sodium 100 mg, one Physician's order of mg, one tablet three-Physician's order of 10 mg, one tablet of Fluticasone 50 mcg, nostril as neededPhysician's order of 90 mcg, inhale two The November 202 medications listed. Observation on 11/1 AM of the medication-The Docusate Soding, Loratadine 10 may available. b. Review on 11/19, revealed: -Physician's order of lotion, apply topicall as neededPhysician's order of lotion, apply topicall as neededPhysician's order of 2-Stat Plus, use every six hours as medications listed. Observation on 11/19, revealed: -Physician's order of lotion, apply topicall as neededPhysician's order of lotion, apply topicall as needed.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. Review on 11/19/20 of client #2's record revealed: -Physician's order dated 8/18/20 for Docusate Sodium 100 mg, one tablet daily as neededPhysician's order dated 7/1/20 for Ibuprofen 800 mg, one tablet three times daily as neededPhysician's order dated 3/17/20 for Loratadine 10 mg, one tablet daily as needed and Fluticasone 50 mcg, inhale one spray into each nostril as neededPhysician's order dated 2/18/20 for Albuterol HFA 90 mcg, inhale two puffs as neededThe November 2020 MAR had the above medications listed. Observation on 11/19/20 at approximately 9:55 AM of the medication area revealed: -The Docusate Sodium 100 mg, Ibuprofen 800 mg, Loratadine 10 mg, Fluticasone 50 mcg and Albuterol HFA 90 mcg medications were not available. b. Review on 11/19/20 of client #3's record revealed: -Physician's order dated 11/1/20 for Acne 5% lotion, apply topically to affected area at bedtime as neededPhysician's order dated 2/26/20 for Aerochamber Z-Stat Plus, use every six hours as needed with Albuterol Inhaler and Albuterol Sulfate Inhaler 2.5 mg/3 ml, use contents of one vial in Nebulizer every six hours as neededPhysician's order dated 11/25/19 for Lorazepam 1 mgThe November 2020 MAR had the above medications listed	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 2105 LIVE OAK DRIVE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. Review on 11/19/20 of client #2's record revealed: -Physician's order dated 8/18/20 for Docusate Sodium 100 mg, one tablet daily as neededPhysician's order dated 3/17/20 for lbuprofen 800 mg, one tablet daily as needed and Fluticasone 50 mcg, inhale one spray into each nostril as neededPhysician's order dated 2/18/20 for Albuterol HFA 90 mcg, inhale two puffs as neededThe November 2020 MAR had the above medications listed. Observation on 11/19/20 at approximately 9:55 AM of the medication area revealed: -The Docusate Sodium 100 mg, Ibuprofen 800 mg, Loratadine 10 mg, Fluticasone 50 mcg and Albuterol HFA 90 mcg medications were not available. b. 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Review on 11/19/20 of client #2's record revealed: -Physician's order dated 8/18/20 for Docusate Sodium 100 mg, one tablet daily as neededPhysician's order dated 7/1/20 for Ibuprofen 800 mg, one tablet three times daily as neededPhysician's order dated 3/17/20 for Loratadine 10 mg, one tablet daily as neededPhysician's order dated 2/18/20 for Albuterol HFA 90 mcg, inhale two puffs as neededThe November 2020 MAR had the above medications listed. Observation on 11/19/20 at approximately 9:55 AM of the medication area revealed: -The Docusate Sodium 100 mg, Ibuprofen 800 mg, Loratadine 10 mg, Fluticasone 50 mcg and Albuterol HFA 90 mcg medications were not available. b. Review on 11/19/20 of client #3's record revealed: -Physician's order dated 2/26/20 for Aerochamber 2-Stat Plus, use every six hours as needed with Albuterol Inhaler and Albuterol Sulfate Inhaler 2.5 mg/3 ml, use contents of one vial in Nebulizer every six hours as needed -Physician's order dated 11/12/5/19 for Lorazepam 1 mgThe November 2020 MAR had the above medications listed Observation on 11/19/20 at approximately 10:15	ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2105 LIVE OAK DRIVE SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES REQULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES REQULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. Review on 11/19/20 of client #2's record revealed: -Physician's order dated 8/18/20 for Docusate Sodium 100 mg, one tablet daily as neededPhysician's order dated 3/17/20 for Loratadine 10 mg, one tablet three times daily as neededPhysician's order dated 2/18/20 for Albuterol HFA 90 mcg, inhale two puffs as neededThe November 2020 MAR had the above medications listed. Observation on 11/19/20 at approximately 9:55 AM of the medication area revealed: -The Docusate Sodium 100 mg, buprofen 800 mg, Loratadine 10 mg, Fluitcasone 50 mcg and Albuterol HFA 90 mcg medications were not available. b. Review on 11/19/20 of client #3's record revealed: -Physician's order dated 2/26/20 for Aerochamber Z-Stat Plus, use every six hours as needed with Albuterol Inhaler and Albuterol Sulfate Inhaler 2.5 mg/3 ml, use contents of one vial in Nebulizer every six hours as neededPhysician's order dated 11/125/19 for Lorazepam 1 mgThe November 2020 MAR had the above medications listed Observation on 11/19/20 at approximately 10:15

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R-C	
		MHL053-068	B. WING			0/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
I INNOV	ATIONS, INC-2105 LIV	E OAK DRIVE	OAK DRIVE D, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	-The Acne 5% lotion Albuterol Sulfate In medications were in Interview with staff -The pharmacy new needed medication #2 and #3She thought some are no longer being -Client #3 never recand/or Albuterol inhing refused to pay for it -She was not sure in medications were in -She confirmed staff were available for a and #3. Interview with Licenconfirmed: -The facility staff face	n, Aerochamber Z-Stat Plus, haler and Lorazepam 1 mg not available. #1 on 11/19/20 revealed: For sent some of the as so to the group home for clients of the as needed medications a used by clients #2 and #3. Derived the Aerochamber aller because Medicaid is why other as needed	V 118			

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