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	
A. Boll		7. BOILBING.		R		
		MHL054-180	B. WING		12/04/2020	
NAME OF D	ROVIDER OR SUPPLIER	STREET VI	DDRESS, CITY, STA	TE ZIR CODE		
NAME OF P	ROVIDER OR SUPPLIER		NRY BOULEVAR	,		
HAMILTO	N		I, NC 28504			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PRÉFIX TAG	`	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		
V 000	INITIAL COMMENTS		V 000			
	on December 4, 2020 substantiated (Intake Deficiencies were cite This facility is licensed category: 10A NCAC	#NC00171408).				
V 118	_	·	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 administering the drug. (5) Client requests for medication changes or					

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

(X6) DATE TITLE

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MHL054-180			B. WING	1:	R 12/04/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HAMILTO	N		NRY BOULEVARD			
			N, NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pag	e 1	V 118			
		opointment or consultation				
		iew and interview the facility ARs current affecting 2 of 2				
	-23 year old maleAdmission date of 0	n, Severe Intellectual				
	orders revealed: 08/24/20 -Clearlax Powder (us occasional constipat movements) Mix 1 c beverage and take b -Clonidine HCL 0.1m hypertension) Take 2	y mouth every evening.				
	manic episodes) Tak times dailyOxcarbazepine 600 other medicines to tr tablet by mouth twice -Risperidone 1mg (u Take 1 tablet by mou	mg (used either alone or with eat partial seizures) Take 1 e daily. sed to treat schizophrenia) uth 3 times daily. letary supplement) Take 1				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIF		IDENTIFICATION NOWIDER.	A. BUILDING: _		COMPLETED	
MHL054-180		B. WING		R 12/04/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HAMILTO	N		RY BOULEVAR	D		
		KINSTON	, NC 28504			
(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)		
V 118	Continued From page	e 2	V 118			
	initials on the followin medication had been -Clearlax Powder-9/1 -Clonidine HCL 0.1mg 10/25/20 at 8pm, 10/2 8pmLithium 300mg-9/12/10/23/20 at 8pm, 11/1 -Oxcarbazepine 600n 8pm, 10/23/20 at 8pm -Risperidone 1mg-9/1 8pm, 10/23/20 at 8pm -Vitamin D3-9/12/20. Client #1 was unable being in the facility ar communicate effective Finding #2 Review on 11/19/20 c -31 year old maleAdmission date of 08 -Diagnoses of Schizo Type, Moderate Intel	er 2020 MAR's revealed no g dates to indicate the administered: 2/20, 10/23/20, 11/13/20. g-9/12/20 at 8am and 8pm, 23/20 at 8pm, 11/13/20 at 20 at 8am, 2pm, and 8pm, 13/20 at 8pm. ng-9/121/20 at 8am and n, 11/13/20 at 8pm. 12/20 at 8am, 2pm, and n, 11/13/20 at 8pm. to be interviewed due to not nd not being able to ely. of client #2's record revealed: 8/05/19. affective Disorder Bipolar lectual Developmental sorder, Hyperthyroidism,				
	Rhinitis, Tachycardia	·				
	orders revealed: 08/24/20 -Clozapine 100mg (us Take 2 tablets by mou 2pm, and 7pm.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2 1 2 11 61 661 11.261.611			A. BUILDING:			
		B. WING		R		
		MHL054-180	B. WING		12/04/2020	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
HAMILTO	N	3101 HENF KINSTON,	RY BOULEVAR NC: 28504	D		
	CLIMMA DV CT	<u> </u>		DROVIDEDIC DI ANI CE CODDECTIO	N	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	e 3	V 118			
V 118	bronchospasm) Place 3 times daily for incre-Levetiracetam 500m seizures) Take 1 table seizure disorder. -Metoprolol ER 50mg pain) and hypertensic every day for increase -Multivitamin (suppler mouth every day for h-Omeprazole 40mg (ugastroesophageal ref by mouth every day. -Oxcarbazepine 300m other medicines to treatablet by mouth every -Oxcarbazepine 600m every day for seizure: -Perphenazine 2mg (disorders) Take 1 tables by mouth twice 107/02/20 Cicloprirox 8% (used as athlete's foot, jock infections) Apply daily Review on 11/19/20 of September-November	e 2 sprays under the tongue ased salivation and drooling. g (used to treat partial onset et by mouth twice daily for (used to treat angina (chest on) Take 1 tablet by mouth ed heart rate. ment) Take 1 tablet by mealth maintenance. used to treat symptoms of lux disease) Take 1 capsule ing (used either alone or with eat partial seizures) Take 1 if day for seizures. ing-Take 1 tablet by mouth is. used to treat psychotic let by mouth 3 times daily. treat constipation) Take 2 is daily for constipation. to treat skin infections such itch, ringworm, and yeast itch, ringworm, and yeast itch itch itch itch itch itch itch itc	V 118			
	-Clozapine 100mg-11/132/20 at 7pmClozapine 25mg-11/13/20 at 7pmIpratropium 0.03%-11/13/20 at 7pmLevetiracetam 500mg-11/13/20 at 7pmMetoprolol ER 50mg-9/12/20, 10/23/20, 11/13/20.					
	-Multivitamin- 9/12/20					
	-Omeprazole 40mg- 9 -Oxcarbazepine 300n					

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		B. WING		R		
MHL054-180			B. WING		12/04/2020	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
HAMILTON	l .		RY BOULEVAR NC 28504	D		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 118	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 118			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS	V 736			

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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	
			A. BOILDING		R	
MHL054-180		B. WING		12/04/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HAMILTO	N	3101 HEN	RY BOULEVAR	D		
11741112101	•	KINSTON	NC 28504			
(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 5		V 736			
	((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					
	hinges and were layir During interview on 1 Operations revealed: -A client they had in the damage to the facility.	ng against the wall. 2/03/20 the Director of the facility in the past did a lot lity.				

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