STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL053-068	- В. WING		06/	15/2021	
IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		10/2021	
INNOVA	TIONS, INC-2105 LIV	E OAK DRIVE	E OAK DRIVE D, NC 27330				
(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 000	INITIAL COMMENTS		V 000				
	on June 15, 2021. unsubstantiated (In #NC00177180, #Ne were cited. This facility is licen- category: 10A NCA	nplaint survey was completed The complaints were ntake #NC00176896, C00177640). Deficiencies sed for the following service C 27G .5600C Supervised					
	Living for Adults wit	th Developmental Disabilities.					
V 121	27G .0209 (F) Med	lication Requirements	V 121				
	governing body or of for obtaining a revier regimen at least even shall be to be perfor physician. The on-set the client's physician the review when m (2) The findings of	ew: eives psychotropic drugs, the operator shall be responsible ew of each client's drug very six months. The review ormed by a pharmacist or site manager shall assure that an is informed of the results of edical intervention is indicated the drug regimen review shall client record along with					
	Based on record re facility failed to obta months for three of	et as evidenced by: eviews and interviews the ain drug reviews every six f three audited clients (#1, #2, sychotropic drugs. The					
	Review on 6/15/21						

Y10T11

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		06/	15/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
INNOVA	ATIONS, INC-2105 LIV		E OAK DRIVE			
(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 121	Continued From pa	age 1	V 121		,	
	and Conduct Disord Bipolar Disorder, C with Psychotic Fea -Physician's order of -Mirtazapine 18 at night as needed -Physician's order of -Paliperidone 9 -Divalproex So -The April 2021 thro Administration Rec was administered F Sodium daily and M -There was no evid psychotropic drug r	er Disruptive, Impulsive Contro der; Mild Intellectual Disability; surrent Episode, Mixed, Severe tures. dated 4/9/21: 5 milligram (mg), 1/2 to 1 table for sleep. dated 4/12/21: 9 mg, 1 tablet in the morning. dium 500 mg, 1 tablet at night. bugh May 2021 Medication ord (MAR) revealed Client #1 Paliperidone and Divalproex Airtazapine as needed. lence of a six months review for Client #1. of Client #2's record revealed:	t			
	Specified; Attention Mild Intellectual and Congenital Heart D -Physician's order of -Levetiracetam -Topiramate 10 -Escitalopram of	d Disorder Not Otherwise n Deficit Hyperactivity Disorder d Developmental Disability; visease; Hypothyroidism. dated 4/1/21: 500 mg, 2 tablets twice a day. 00 mg, 1 tablet twice a day. Oxalate 10 mg, 1 tablet at				
	Administration Rec was administered t -There was no evid	ough May 2021 Medication ord (MAR) revealed Client #2 he above medications daily. lence of a six months review for Client #2.				
	-Admission date of -Diagnoses of Con	genital Heart Disease; Severe osis; Autism Spectrum; onchiectasis;				

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If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL053-068	B. WING		00	06/15/2021	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE		15/2021	
		2105 L IV	E OAK DRIVE				
	TIONS, INC-2105 LIV	E OAK DRIVE SANFOR	RD, NC 27330				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 121	Continued From pa	ge 2	V 121				
	-Physician's orders -Fluoxetine 10 -Risperidone 1 -Lithium Carbo times a day. -Trazodone 100 -Physician's orders -Lorazepam 1 needed for agitation -Physician's orders -Clonazepam 1 day. -The April 2021 thro Administration Rec was administered F Lithium Carbonate, daily and Lorazepa	mg, 1/2 tablet during the day. mg, 1 tablet twice a day. nate 300 mg, 1 tablet three 0 mg, 1 tablet a night. dated 3/8/21: mg, 1 tablet twice a day as n. dated 5/11/21: mg, 1 tablet three times a bugh May 2021 Medication ord (MAR) revealed Client #3 Fluoxetine, Risperidone, Trazodone and Clonazepam m as needed. ence of a six months					
	Director revealed: -The psychotropic r reviewed by the pha- client's physician to -He was under the needed to be signe -They were reviewed to the client's doctor they had a 36 hours reviews to be signe -The reviews were -He confirmed the s	impression that they always d by the client's physicians. ed by the pharmacist and taker r's office and were told that s turn around time for the					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL053-068	B. WING		06/	15/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
	ATIONS, INC-2105 LIV		E OAK DRIVE D, NC 27330			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS		V 736			
	maintained in a saf	d its grounds shall be e, clean, attractive and orderly be kept free from offensive				
	Based on observat failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained d attractive manner. The				
	Observation on 6/1 kitchen area reveal -White cabinets we					
	laundry room revea	5/21 at about 10:23 AM of the aled: fan on the middle of the floor.				
	Observation on 6/1 first bedroom to the -Walls were dirty/st					
	bedroom to the righ -Walls were dirty/st					
	Observation on 6/1 bathroom revealed -Mirror was missing paint colors on the	5/21 at about 10:35 AM of the : g and there was a difference of wall.				
vision of H	-Shower head wou -Inside of tub was s ealth Service Regulation					

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL053-068	B. WING		06/	15/2021
AME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
INNOVA	TIONS, INC-2105 LIV		E OAK DRIVE D, NC 27330			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	age 4	V 736			
	-The door was dirty off.	-The door was dirty/stained and paint was peeling off.				
	-Flooring near the tub felt soft when stepped on. Ceramic tiles were bending downwards.					
	Observation on 6/15/21 at about 10:40 AM of the exterior of the home revealed:					
	-Front gutters were filled and plants were growing from them.					
	inside the car port.	tire on top of the table located				
	-There was a broken rocking chair leaning against the back wall of the house near the air					
	conditioning unit. -There was also a void of the house.	vine growing on the back wall				
	-Right side of the y	ard had very tall grass. Grass feet tall at different places.				
	Interview on 6/15/2 Professional revea	1 with the Qualified led:				
	-Facility was response maintenance, but la	nsible for doing it's own andlord was responsible for				
		that some of the things at the fixed or cleaned out.				
	-She confirmed the	e fixed of cleaned out. a facility failed to ensure facility ntained in a safe, clean,				
	attractive and orde					

Y10T11