

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/08/2021
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NAME OF PROVIDER OR SUPPLIER HOPEWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580
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(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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 8, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications for administration at the facility were packaged and labeled as required for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 07/07/21 of client #5's record revealed: - 55 year old male. - Admission date of 03/23/00. - Diagnoses of Autism, Severe Obsessive Compulsive Disorder, Severe Intellectual Developmental Disability, Gastroesophageal Reflux Disorder, Constipation and Seasonal Allergies.</p> <p>Review on 07/07/21 of client #5's signed physician orders dated 04/12/21 revealed: - Clotrimazole and Betamethasone Dipropionate Cream (treats fungal skin infections) - apply twice daily as needed. - Ketoconazole 2% (treats fungal infections) - Wash scalp and face - leave on for 5 minutes every day.</p> <p>Observation on 07/07/21 at approximately 10:45am of client #5's medications revealed: - A clear bag with a bottle of Ketoconazole 2% shampoo. No pharmacy label for the client, the medication, the prescribing physician, the date the medication was dispensed, the name, strength and quantity. - A clear bag with a tube of Clotrimazole and Betamethasone Dipropionate Cream 1%. No pharmacy label for the client, the medication, the</p>	V 117		

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V 117	Continued From page 2 prescribing physician, the date the medication was dispensed, the name, strength and quantity. Interview on 07/07/21 the Director of Operations stated: - He was not able to locate the pharmacy labels for client #5's 2 above referenced medications. - He was aware the all medications should have a pharmacy label with the client, the medication, the prescribing physician, the date the medication was dispensed, the name, strength and quantity.	V 117		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 07/07/21 at approximately 10:30am revealed: - The living room air return and register vents were rusty. A curtain rod on one window was bent. An aerosol can of insect spray was on the floor. - The hallway had an approximately 4 inch by 6 inch hole in the sheetrock. A previous smoke detector's wires were hanging from the ceiling.	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> - The door to the medication room had two holes in the surface. - The first hallway bathroom had a black and dark substance along the shoe molding. - The second hallway bathroom had damaged sheetrock near the surface of the shower. - Client #2's bedroom had a smoke detector emitting a beeping noise at times. A curtain rod over his window was bent. The plexiglass protecting his television was broken. - Client #3's bedroom had the top layer of sheetrock peeled away in several places above his headboard. <p>Interview on 07/07/21 the Director of Operations stated:</p> <ul style="list-style-type: none"> - The second bathroom had a new shower inserted recently. - The maintenance staff was at the facility to assess for repairs. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		