STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-117	A. BUILDING: _____ B. WING _____	R 07/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE DRIVE GROUP HOME	900 CIRCLE DRIVE MOUNT PLEASANT, NC 28124

(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	INITIAL COMMENTS An annual and follow up survey was completed on July 29, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately per client	V 120		

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V 120	Continued From page 1 affecting 3 of 4 clients (#1, #2 and #4). The findings are: Review on 7/26/21 and 7/27/21 of client #1's record revealed: -admission date of 2/14/04; -diagnosis of IDD (Intellectual Developmental Disability)-Mild, HTN(Hypertension), Anxiety, Adjustment Disorder, Osteoporosis, Osteoarthritis of the hip and the left knee and Constipation. Review on 7/26/21 of client #2's record revealed: -admission date of 7/8/1997; -diagnoses of IDD-Mild, Depressive disorder, NOS (Not Otherwise Specified), Impulse control Disorder, NOS and Prader-Willi. Review on 7/28/21 of client #4's record revealed: -admission date of 6/8/98; -diagnosis of IDD-Mild, OCD (Obsessive Compulsive Disorder), Diabetes, PICA, HTN and Hypothyroidism. Observations on 7/26/21 at 4:15pm and 7/28/21 at 2:57pm revealed client #1's controlled medications of Hydrocodone Acetaminophen 5-325mg one tablet every six hours and Zolpidem 5mg one tablet at night were stored in the same black locked box with client #2's controlled medication of Clonazepam 0.25mg dissolve one tab TID (three times daily) and client #4's controlled medication of Clonazepam 0.5mg one tablet at bed. Interview on 7/29/21 with the Residential Manager revealed: -part of her job duties included the overview of the medications; -was not aware the controlled medications had to be stored separately for each client;	V 120		

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V 120	Continued From page 2 -have already corrected the problem; -put the medications in separate plastic bags for each client. Interview on 7/29/21 with Team Lead/Qualified Professional revealed: -stated the Residential Manager is responsible for overview of the medications; -the issue with the controlled medications has already been addressed; -will do a plan of correction and training.	V 120		