		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/05/2021	
		MHL024-039				
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	•	
EE STRI	EET RESIDENTIAL		EY HILL ROAD DRO, NC 2844			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey was completed on August 5, 2021. Deficiencies were cited.					
	category: 10A NCA	ed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person and drugs. (2) Medications shat clients only when an client's physician. (3) Medications, include the client's physician. (3) Medication of the privileged to prepare of the client's physician. (4) A Medication Ad all drugs administered on the privileged to prepare of the client's name; (3) Nedication Ad all drugs administered on the client's name; (B) name, strength, (C) instructions for the client of the client o	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL024-039	B. WING		08/	05/2021	
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	00/	00/2021	
EE STR	REET RESIDENTIAL		IEY HILL ROA				
(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 DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pa	age 1	V 118				
	Based on record re interviews, the facil medications as ord	et as evidenced by: eviews, observation and lity failed to administer lered by the physician and ate MAR for 3 of 3 clients (#1, gs are:					
	-38 year old male. -Admission date of -Diagnoses of Impo sexually acting out Intellectual Develop allergic rhinitis, obe	ulse Control disorder with , Cranial facial disorder, Mild pmental Disability (IDD),					
	order dated 8/4/21 -Sertraline HCL 10	of client #1's signed physician revealed: 0 mg (milligram) 1 and 1/2 ly in the morning. (mental					
	2021 to August 5, 2 -Sertraline HCL 10						
		5/21 between 11:30am - 12pm HCL 100mg available.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL024-039	B. WING		- 08/05/2	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EE STR	REET RESIDENTIAL		IEY HILL ROAI ORO, NC 284			
(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 118	Continued From pa	age 2	V 118			
	Interview on 8/5/21 the House Manager stated: -Staff missed documenting on MAR. -An incident report would be completed for Sertraline HCL 100 mg. Finding #2					
	Review on 8/5/21 of client #2's record revealed: -31 year old male. -Admission date of 12/21/20 -Diagnoses of Severe Intellectual disability and Schizoaffective disorder Bipolar type.					
	orders dated 7/9/21 -Lithium Carbonate mg was discontinu -Remeron 15mg dis bedtime was discor -Lithium Carbonate mg) at bedtime.	ER (Extended Release) 300 led. ssolve 1 tablet in mouth at				
	2021 to August 5, 2 -Lithium Carbonate bedtime was transc documented as adi documented as dis -Previous Lithium C transcribed on July -Remeron 15 mg w MAR from 7/1-7/9.	e ER 450 mg 2 tablets at cribed on MAR for July and ministered from 7/9-7/20 then continued. Carbonate ER 300 was not MAR from 7/1-7/9. vas not transcribed on July ng 8/5 AM dose not				
	450mg 1 tablet dail	/21 Lithium Carbonate ER y at bedtime available in acket and 2 tablets daily at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		()		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL024-039	B. WING		08/	05/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
EE STR	REET RESIDENTIAL		IEY HILL ROAD ORO, NC 2844			
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 3	V 118			
	bedtime available ir	n individual dosing packet.				
	Interview on 8/5/21 client #2 stated he received his medications daily.					
	Interview on 8/5/21 the House Manager stated: -Client #6's medications changed frequently because of his hospital visits. -She would follow up with pharmacy and provider to verify all client #2's current medications.					
	-43 year old male. -Admission date of -Diagnoses of Chro	f client #3's record revealed: 8/1/21. onic Schizophrenia, Mild IDD, honological Disorder and				
	revealed the followi -Ventolin (treats or narrowing of the air with asthma) HFA S using a spacer even wheezing. -Fluoromethalone C	f a signed FL-2 for client #3 ing orders: prevent bronchospasm, or ways in the lungs, in people 00 micrograms - inhale 2 puffs ry 4 hours as needed for 0.1% (treats eye inflammation) eyes twice daily as needed.				
	revealed the followi -Ventolin HFA 90 m using a spacer ever wheezing.	f client #3's August 2021 MAR ing transcribed entries: icrograms - inhale 2 puffs ry 4 hours as needed for).1% - one drop in both eyes ed.				
		/21 at approximately 10:19am ations revealed no Ventolin ethalone eye drops.				

TATEMENT OF DEFICIENCIES			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL024-039	B. WING		08/	05/2021	
IAME OF PROVIDER OR SUPPLIE		ADDRESS, CITY, S	TATE, ZIP CODE			
EE STREET RESIDENTIAL		NEY HILL ROA BORO, NC 284				
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118 Continued From	page 4	V 118				
 -He was recently -He left his inhale -He occasionally -He has not need to the facility. -He had eye drop Interview on 8/5/2 -Client #3 was re 8/1/21. -He did not bring from his mother's -She would conta needed eye drop facility. -The inhaler was check on the eye 	act the pharmacy to have the as s and inhaler brought to the delivered today and she would drops. medication needed to be	n				