Division of	of Health Service Regu	lation			FORIVI APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL029-103	B. WING		R 08/06/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATI	E, ZIP CODE	,
DREAM M	AKERS ASSISTED LIVIN	IG SERVICES. INC	Y LOPP ROAD TON, NC 27292		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual and follow on 8/6/21. Deficienci	up survey was completed es were cited.			
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities .			
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
	only be administered order of a person autidrugs.  (2) Medications shall clients only when auticlient's physician.  (3) Medications, incluadministered only by unlicensed persons trepharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications arecorded immediately MAR is to include the (A) client's name;  (B) name, strength, a (C) instructions for according to the control of th	istration: n-prescription drugs shall to a client on the written chorized by law to prescribe be self-administered by chorized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. clinistration Record (MAR) of d to each client must be kept administered shall be or after administration. The following:			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co			TE SURVEY MPLETED	
		MHL029-103	B. WING		0.5	R 3/06/2021	
NAME OF D				ZID CODE	1 00	0/06/2021	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE <b>Y LOPP ROAD</b>	, ZIP CODE			
DREAM N	IAKERS ASSISTED LIVIN	IG SERVICES. INC	TON, NC 27292				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From page	e 1	V 118				
	facility failed to admir written order of a phy	ew and interviews, the hister medications on the sician and failed to keep the hig two of three surveyed					
	Finding #1						
	Admission date: 7/28 Diagnoses: Moderate Attention Deficit Hype Tinea Unguium; Obse personality Disorder; Infective Gastroenter Dystrophy - Physician's order fo	e Intellectual Disability; eractivity Disorder; essive Compulsive Arthritis; Unspecified Non- itis and Colitis and Muscular or the following medication: m 1% gel: apply 4 grams					
	Review on 8/4/21 of an Administration Review - Diclofenac Sodium times a day as neede	w (MAR) revealed: 1% gel: place on skin 4					
	Sodium 1% gel shoul because that was how written the order.	tructions were: Diclofenac d be applied "as needed" w his primary physician had ere was an order for client #1					

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	FOF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION (X3)		3) DATE SURVEY COMPLETED	
		MHL029-103	B. WING		08	R 3 <b>/06/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•		
DDEAM	IAVEDS ASSISTED I IVI	NC SERVICES INC. 168 ROY	LOPP ROAD				
DREAIN IN	IAKERS ASSISTED LIVI	LEXING	TON, NC 27292				
(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 ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pag	je 2	V 118				
	to apply Diclofenac S to his knees.	Sodium 1% gel 4 times daily					
	Attempted interview revealed:	on 8/3/21 with client #1					
	- He was unable to phis medications.	provide any information about					
	Finding #2						
	Review on 8/4/21 of client #2's record revealed: Admission date: 6/18/21						
		fied Intellectual Disability; illepsy; Tuberous Sclerosis; demia					
	- Physician's orders - Carbamazepine 10 (milliliter), give 12.5	for the following medications: 0 mg (milligram)/5ml mls (250 mg total) 3 times					
	(100 mg) 3 times da						
		nl, give 4 mls 2 times daily client #2's Medication					
	Administration Revie	ew (MAR) revealed: cations were not listed on the					
	August 2021 MAR: 0 Levocarnitine and C	lobazam.					
	_	cations were not listed on the ocarnitine and Clobazam.					
	Interview on 8/6/21 v	with the Licensee #1					
	- The staff had given medications during t 2021.	client #2 all of his he month of July and August					
	- Carbamazepine, Le were not listed on cli	evocarnitine and Clobazam ient #2's July and August the pharmacy had made a					
	mistake.	the pharmacy had made a					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION (X3) DATE COMPI			
		MHL029-103	B. WING		08	R / <b>06/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•		
DREAM N	IAKERS ASSISTED LIVIN	IG SERVICES. INC	LOPP ROAD				
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	TON, NC 27292	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE	
V 118	Continued From page	e 3	V 118				
		ne pharmacist today about were not listed on client #2's					
	revealed:	on 8/3/21 with client #2					
V 119	27G .0209 (D) Medica	ation Requirements	V 119				
	guards against divers (2) Non-controlled su of by incineration, flus system, or by transfer destruction. A record shall be maintained b Documentation shall medication name, structured the disposing of medication witnessing destruction (3) Controlled substances Act, G.S. subsequent amendment (4) Upon discharge or remainder of his or he disposed of promptly expected that the pat to the facility and in s	d non-prescription isposed of in a manner that ion or accidental ingestion. bstances shall be disposed shing into septic or sewer r to a local pharmacy for of the medication disposal y the program. specify the client's name, ength, quantity, disposal signature of the person on, and the person on, and the person on. Inces shall be disposed of in North Carolina Controlled 90, Article 5, including any ents.  If a patient or resident, the er drug supply shall be unless it is reasonably ient or resident shall return uch case, the remaining be held for more than 30					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
						R
		MHL029-103	B. WING			/06/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
DREAM M	AKERS ASSISTED LIVIN	IG SERVICES. INC	Y LOPP ROAD STON, NC 27292			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
V 119	Continued From page	÷ 4	V 119			
	This Rule is not met Based on records rev	as evidenced by: iew, observations and				
	medication was dispo guards against divers affecting 1 of 3 surve	failed to ensure all expired used of in a manner that ion or accidental ingestion yed clients (#3). The findings				
	are:	diant #21s no soud nove alode				
	- Admission date: 8/1	client #3's record revealed: /05				
	Agitation - Physician order for t	Severe and Psychomotor he following medication:				
	Hydrocortisone 0.2%	apply to face twice daily.				
	of client #3's Hydroco revealed:	ximately 3:30 pm on 8/4/21 rtisone cream container				
	- Expiration date of 12	2/2020.				
	Interview on 8/6/21 w revealed: - Client #3's Hydrocor because the pharmac cream.	tisone cream had expired				
		0/0/04				
	revealed:	on 8/3/21 with client #3				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE COMF	SURVEY
		MHL029-103	B. WING		l l	R <b>(06/2021</b>
	ROVIDER OR SUPPLIER	168 RO	ADDRESS, CITY, STA	TE, ZIP CODE	·	
DREAM M	IAKERS ASSISTED LIVII	NG SERVICES, INC LEXING	TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe, manner and shall be odor.  This Rule is not met Based on observation was not maintained in manner. The findings  Observations from appm on 8/6/21 of the factor of the state	as evidenced by: ns and interviews, the facility n a clean and orderly are:	V 736	DEFICIENCY		
	Interview on 8/6/21 w	vith the Licensee #1				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		MHL029-103	B. WING		08/06/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	
DREAM N	IAKERS ASSISTED LIVIN	IG SERVICES. INC	LOPP ROAD ON, NC 27292		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL 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 736	home and hired out p -He acknowledged th deck were rotten and repairedHe had not contacted concerning how to insthe front porch ramp prospective client (wh a wheelchair. He did for the front porch rar -He acknowledged th missing a handle. The during a storm that of April 2021.	for the maintenance of the eople "to do certain things." at the wooden stairs off the he would have the stairs  d DHSR construction stall a ramp. He had installed 2-3 months ago because a no was never admitted) used not know the required length inp.  e side storm door was e door handle had come off courred possibly in March or	V 736		

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