	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL036-082		MHL036-082	B. WING		08/19/2021	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OWELL			LTIC STREET NIA, NC 28054			
(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) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was Deficiencies were cite	s completed on 8-19-21. ed.				
		d for the following service C Supervised Living for nental Disabilities.				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	 only be administered order of a person auti drugs. (2) Medications shall clients only when auti client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ad (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recor 	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug;				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ICATION NUMBER: A. BUILDING:		COMPLETED	
		MHL036-082				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OWELL						
			NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page	÷1	V 118			
		record reviews, and lity failed to ensure MARs ecting 3 of 3 audited clients				
	-admitted 2-2-99; -diagnoses of Modera Cerebral Palsy, Spas Constipation, Chronic Disease, Seasonal Al -physician order date amlodipine (blood pre tablet by mouth daily, tablet by mouth daily, tablet by mouth daily, (allergies) 10mg 1 tab tamsulosin (urinary in capsule by mouth dai softener) 100mg 3 tab cephalexin (antibiotic	c Obstructive Pulmonary lergies; d 6-24-21 revealed: essure) 10mg (milligram) 1 cetirizine (allergies) 10mg 1 esomeprazole (reflux) th daily, montelukast olet by mouth daily, continence) 0.4mg 1 ly, docusate sodium (stool olets by mouth daily,) 250mg 1 capsule by mouth 1020 grams to be used as				
	approximately 11:49a -completed MARs pre from January 2021 th	esent for all medications rough May 2021; was present or available for				

STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL036-082			· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		B. WING		08/19/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
POWELL			LTIC STREET			
		GASTON	NA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From page	2	V 118			
	from July 2021 throug	gh August 2021.				
	-admitted 4-11-21; -diagnoses of Mild Int Depressive Disorder, Hypothyroidism, Seiz Hypertension; -physician order date carbamazepine (seizu tablets by mouth twice 500mg take 1 tablet b memantine (alzheime tablet by mouth twice (antipsychotic) 0.5mg twice daily, zonisamic capsules by mouth eve evening, lorazepam (a 1 tablet by mouth eve refresh tears 0.5% op (for dry eyes) instill 1 times a day, donepez 10mg take 1 tablet by alendronate (osteopo mouth once weekly w minutes prior to food 600mg / vitamin D3 ta escitalopram (antidep by mouth daily, levothyro (micrograms) take 1 tab multi-vitamin take 1 ta gel 0.4%-0.3% (opth- eye at bedtime; -physician order date	Osteoporosis, ure Disorder, Dementia, d 5-18-21 revealed: ure disorder) 100mg take 2 e daily, divalproex (seizures) by mouth twice daily, tr's disease) 10mg take 1 daily, risperidone take 1 1/2 tablet by mouth de (seizures) 100mg take 3 very morning and every anxiety disorder) 0.5mg take try 8 hours as needed, tt solution 15ml (millimeter) drop in both eyes three il (alzheimer's disease) mouth at bedtime, rosis) 70mg take 1 tablet by tith 8 ounces of water 30 on Wednesdays, calcium ake 1 tablet by mouth daily, tressant) 20mg take 1 tablet tocid 1mg take 1 tablet by bxine (thyroid) 50mcg ablet by mouth once daily, hiazide (blood pressure) let by mouth daily, sablet by mouth daily, systane halmic drop) apply to each				

STATE FORM

3XVO11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		MHL036-082	B. WING		08	/19/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
OWELL			LTIC STREET NIA, NC 28054			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pag	e 3	V 118			
	approximately 12:56 -completed MARs pr from April 2021 (date 2021; -no June 2021 MAR review; -completed MARs pr from July 2021 throu Finding #3: Review on 8-18-21 of -admitted 10-8-18; -diagnoses of Moder Cerebral Palsy, Brea Mastectomies, Arthri Head Resections, Co -physician order date loratadine (allergies) daily, multi-vitamin ta omeprazole (reflux) 2 mouth daily, probiotie mouth daily, celecox take 1 capsule by mo 500mg take 1 tablet chlorhexidine gluc (m spit after cleaning tea sodium (stool softene mouth twice daily, ba 10mg take 1.5 tablet melatonin (sleep aid) at bedtime, dental 50 once daily after cleaar (anti-depressant) 100 daily.	esent for all medications e of admission) through May was present or available for esent for all medications gh August 2021. f Client #3's record revealed: ate Intellectual Disability, ist Cancer with Bilateral tis, Reflux, Bilateral Femoral onstipation; ed 5-25-21 revealed: 10mg take 1 tablet by mouth ake 1 tablet by mouth daily, 20mg take 1 capsule by c ec tablet take 1 tablet by ib (anti-inflammatory) 200mg outh twice daily, vitamin c by mouth with lunch, nouth rinse) 0.2% swish and eth twice daily, docusate er) 100mg take 1 capsule by aclofen (muscle spasms) by mouth at 12pm,) 5mg take 1 tablet by mouth 000 plus brush only teeth ning, sertraline Omg take 2 tablets by mouth				

STATEMEN	of Health Service Regure of Deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
MHL036-082		B. WING		08	8/19/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
POWELL			LTIC STREET NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From page	9 4	V 118			
	review; -completed MARs pre- from July 2021 throug Interview on 8-18-21 -staff administered all -had no problems rec medications; -had never missed a o staff. Interview on 8-18-21 -had no problems rec staff; -had always received Interview on 8-18-21 -staff administered me -had no problems rec medications; -"I always received al problems with medicial Interview on 8-19-21 -did not know anythin for June 2021; -"I just found out they started looking for the Interview on 8-19-21 -admitted that June 2 -had looked everywhe missing MARs;	was present or available for esent for all medications gh August 2021. with Client #1 revealed: medications; eiving his prescribed dose of medication from with Client #2 revealed: eiving her medications from her medications. with Client #3 revealed: edications; eiving prescribed I of medications, no ne." with Staff #1 revealed: g about the missing MARs were missing when they				
	know why they would -"I have no proof that					

STATE FORM

If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL036-082	B. WING		08	3/19/2021	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
OWELL							
		GASTO	NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 118	Continued From page	9 5	V 118				
	-admitted that June 2 -"I think they are here lay our hands on then -"I don't think we have that would take them; -"I think they were pu were misplaced;"	Professional (QP) revealed: 021 MARs were missing; e somewhere and we cannot n;" e had any disgruntled staff " lled and the stack of papers ny whole 26 years of working					

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