STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-777	A. BUILDING: _____ B. WING _____	08/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANGLE DRIVE GROUP HOME	602 TANGLE DRIVE JAMESTOWN, NC 27282

(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 08/25/2021. A deficiency was cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability	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 observations, record reviews, and interviews, the facility failed to ensure separate storage of medications prescribed for external	V 120		

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V 120	Continued From page 1 and internal use affecting 1 of 3 clients (#2).The findings are: Review on 08/24/2021 of client #2's record revealed: -Admission date of 2/1/18 -Age 59 years -Diagnoses of Moderate Mental Retardation and Visually Impaired -Physician's orders dated 1/18/21 for Vitamin D50,000 units tablets and Levothyroxine 50 milligrams (mg) tablets; 1 tab orally (p.o.) once daily (q.d.) -Physician's order dated 1/15/21 for Eucerin; apply twice daily and Restatis 0.05% drops; 1 drop in each eye twice daily -Physician's order dated 08/19/21 for over-the-counter Refresh Tears 0.5% drops; iInstill 1 drop into both eyes three times daily Observation of medication bin on 08/24/2021 at 12:32 pm removed from locked medication cabinet for client #2 revealed: -Bottle of Vitamin D 50,000 units tablets -Bottle of Levothyroxine 50 mg tablets -Container of Eucerin cream -Restatis 0.05% drops -Refresh tears 0.5% drops Review on 08/24/2021 of Client #2's Medication Administration Record (MAR) from June 2021-August 2021 revealed administration of: -Vitamin D 50,000 units tablets; 1 tab po qd -Levothyroxine 50mg tablets; 1 tab po qd -Eucerin cream; apply twice daily -Restatis 0.05%; 1 drop in each eye twice daily -Refresh tears 0.5% drops; instill 1 drop into both eyes three times daily Interview on 8/24/2021 with the Licensee/Owner	V 120		

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V 120	Continued From page 2 (L/O) revealed: -Placed one of the internal medications "Eucerin cream" in with the external medications when removing medication from locked medication cabinet -Provided no explanation for storage of Restatis 0.05% or Refresh tears 0.5% eye drops with internal medications (Levothyroxine and Vitamin D) Observation at 12:41 pm on 8/24/2021 of L/O revealed: - Immediately removed and placed client #2's external medications (Eucerin cream, Restatis eye drops, Refresh tears eye drops) in a ziplock bag and returned those external medications to client #2's medication bin	V 120		