Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING: MHL047-170 B. WING 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 CASTLE CREEKS DRIVE SHARON LEAK AFL RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on July 22, DHSR - Mental Health 2021. Deficiencies were cited. This facility is licensed for the following service SEP 01 2021 category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Lic. & Cert. Section Residence. V 118 27G .0209 (C) Medication Requirements V 118 V 118 - We will review the MAR 8/9/2021 documentation prior to staff 10A NCAC 27G .0209 MEDICATION filling out the report, weekly to REQUIREMENTS (c) Medication administration: ensure properly documented, and (1) Prescription or non-prescription drugs shall monthly to verify medications only be administered to a client on the written order of a person authorized by law to prescribe have been taken/if not why. We did retrain on 8/9/2021 in (2) Medications shall be self-administered by medication administration. clients only when authorized in writing by the client's physician. correct documentation, and (3) Medications, including injections, shall be correct medication usage. We administered only by licensed persons, or by unlicensed persons trained by a registered nurse, will provide additional training as pharmacist or other legally qualified person and needed. privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept QP/designee will monitor MAR current. Medications administered shall be documentation monthly. recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 5

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: _ COMPLETED B. WING_ MHL047-170 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 CASTLE CREEKS DRIVE SHARON LEAK AFL RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) V 118 Continued From page 1 V 118 with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure the medication administration record (MAR) was current for one of one audited client (#1). The findings are .Review on 7/21/21 of Client #1's record revealed: Admission date of 7/26/10. - Diagnoses of Autism Disorder; Disruptive Behaviors Disorder; Mild Developmental Disability Disorder; Attention Deficit Hyperactivity Disorder. Review on 7/21/21 of Client #1's Physicians order revealed: -Order dared 10/22/20: -Clonidine 0.2 milligram (mg) - Take one tablet at bedtime. -Orders dated 3/19/21: Vitamin C 1000 mg- Take one tablet every day. -Vitamin D3 2000 international unit (iu)- Take one tablet every day. -Oxcarbazepine 300 mg- Take 6 milliliters (mls) (350 mg) Twice a day. -Quillichew 20 mg- Chew and swallow one tablet a day. Take with 30 mg for total of 50 mg. -Quillichew 30 mg- Chew and swallow one tablet a day. Take with 20 mg for total of 50 mg. Observation on 7/21/21 at 9:45 a.m. of Client #1's medication revealed the following was available:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING: MHL047-170 B. WING 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 255 CASTLE CREEKS DRIVE SHARON LEAK AFL RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 2 V 118 -Vitamin C 1000 mg. -Vitamin D3 2000 iu. -Oxcarbazepine 300 mg. -Quillichew 20 mg. -Quillichew 30 mg Review on 7/21/21 and 7/22/21 of Client #'1's MAR for June 2021 and July 2021 revealed blanks on the following dates: -Vitamin C 1000 mg. - 7/1/21-7/21/21 -Vitamin D3 2000 iu. - 7/1/21-7/21/21 -Oxcarbazepine 300 mg. - 7/1/21-7/21/21 -Quillichew 20 mg. - 7/1/21-7/21/21 -Quillichew 30 mg. - 7/1/21-7/21/21 In addition, review of the MAR for June 2021 revealed that dates were checked off and not filled in with staff's initials. Interview on 7/21/22 and 7/22/21 with Staff #1 revealed: -Staff was trained to administer medications. -She would make sure that he received his medications daily. -Staff #1 reported that if he ever missed any of his medications, he would be "out of control." -She reported that a lot of things had happened recently which made her fall behind on her paperwork. -She acknowledged that she had not kept the MAR current for client #1 in the last couple of months. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-170	B. WING	- Administration of the second	07/2	22/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 CASTLE CREEKS DRIVE RAEFORD, NC 28376						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	DBE COMPLETE	
			V 736	V 736 *Staff will keep living area free clutter. *Wall separating the dining are the living area will be drywalle painted. *Wooden beams will not be extwalls will be kept clean. *Boxes in living area will be putater stains in the bathroom of will be painted. QP/designee will inspect the hobefore 9/15/2021 to ensure wor been completed. QP/designee will thereafter inspect the physical structure of home inside and outside on a quarterly basis.	area free from ining area from drywalled and not be exposed. n. vill be put away. throom ceiling out the home sure work has after inspect of home	
	planning to put them -She wanted to sepa	d to her and she was away. arate the living area from the started construction work				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: ___ COMPLETED MHL047-170 B. WING 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 CASTLE CREEKS DRIVE SHARON LEAK AFL RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (XS) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 Continued From page 4 V 736 prior to COVID-19 hitting, but then work had to stop because she did not want to bring anyone inside the home. -She had not been able to find someone to finish the construction work. -Her husband was going to try to finish the drywall work that needed to be finished. -She acknowledged that the facility was not maintained in a safe, clean, orderly and attractive manner.