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 MHL036-082 08/19/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2250 BALTIC STREET POWELL GASTONIA, NC 28054 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS 09/18/2021 V 000 The following measures will be put into place to correct the deficient area: An annual survey was completed on 8-19-21. Deficiencies were cited. All participant charts were immediately audited by the Residential This facility is licensed for the following service Manager to ensure that all MARS were category: 27G .5600C Supervised Living for present and appropriate documented. Adults with Developmental Disabilities. The following measures will be put into place to V 118 27G .0209 (C) Medication Requirements V 118 prevent the problem from happening again: 10A NCAC 27G .0209 MEDICATION Effective immediately, a monthly REQUIREMENTS checklist will be used by the (c) Medication administration: Residential Manager to ensure that all (1) Prescription or non-prescription drugs shall MARS are present in the chart; the only be administered to a client on the written DHSR - Mental Healthecklist will be kept in the front of order of a person authorized by law to prescribe each chart. SEP 1 0 2021 (2) Medications shall be self-administered by The Residential Manager's Supervisor clients only when authorized in writing by the or designee will provide monthly client's physician. Lic. & Cert. Section oversight to ensure compliance with (3) Medications, including injections, shall be Medication Requirements. administered only by licensed persons, or by unlicensed persons trained by a registered nurse, UMAR Services, Inc. is in the process pharmacist or other legally qualified person and of implementing an Electronic privileged to prepare and administer medications. Medication Administration Record. (4) A Medication Administration Record (MAR) of which will eliminate the possibility of all drugs administered to each client must be this type of deficiency in the future. kept current. Medications administered shall be 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 with a physician. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

PRINTED: 08/24/2021

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 MHL036-082 B. WING 08/19/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **POWELL** 2250 BALTIC STREET GASTONIA, NC 28054 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: Based on interviews, record reviews, and observations, the facility failed to ensure MARs were kept current affecting 3 of 3 audited clients (Client #1, #2, and #3). The findings are: Finding #1: Review on 8-18-21 of Client #1's record revealed: -admitted 2-2-99; -diagnoses of Moderate Intellectual Disability, Cerebral Palsy, Spastic Quadriplegic, Constipation, Chronic Obstructive Pulmonary Disease, Seasonal Allergies; -physician order dated 6-24-21 revealed: amlodipine (blood pressure) 10mg (milligram) 1 tablet by mouth daily, cetirizine (allergies) 10mg 1 tablet by mouth daily, esomeprazole (reflux) 40mg 1 tablet by mouth daily, montelukast (allergies) 10mg 1 tablet by mouth daily, tamsulosin (urinary incontinence) 0.4mg 1 capsule by mouth daily, docusate sodium (stool softener) 100mg 3 tablets by mouth daily, cephalexin (antibiotic) 250mg 1 capsule by mouth daily, thick-it powder 1020 grams to be used as directed in all beverages. Observation of Client #1's MARs on 8-18-21 at approximately 11:49am revealed: -completed MARs present for all medications from January 2021 through May 2021; -no June 2021 MAR was present or available for review: -completed MARs present for all medications

Division of Health Service Regulation

|   | STATEMEN<br>AND PLAN | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA                               | (X2) MULT     | TIPLE CONSTRUCTION                     | (X3) DAT   | (X3) DATE SURVEY   |    |  |
|---|----------------------|--|---|---------------|--|------------|--|----|--|
|   |                      | o. John Cornoll  | IDENTIFICATION NUMBER:                                    | A. BUILDI     | ING:                                   |            | PLETED   |    |  |
|   |                      |  |   |               |  |            |  |    |  |
|   |                      |  | MHL036-082  | B. WING       |  |            | /19/2021   |    |  |
| l | NAME OF P            | ROVIDER OR SUPPLIER  | STREET  | ADDRESS, CITY | DDRESS, CITY, STATE, ZIP CODE          |            |  |    |  |
|   | POWELL               |  |   | BALTIC STREE  |  |            |  |    |  |
| - |                      |  |   | TONIA, NC 280 |  |            |  |    |  |
|   | (X4) ID              | SUMMARY STA  | ATEMENT OF DEFICIENCIES                                   | ID            | PROVIDER'S PLAN OF CORR                | ECTION     |  | _  |  |
|   | PREFIX<br>TAG        | REGULATORY OR L  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX        | (EACH CORRECTIVE ACTION SI             | HOULD BE   | (X5)<br>COMPLET  | E  |  |
|   |                      |  |   | TAG           | CROSS-REFERENCED TO THE AP DEFICIENCY) | 'PROPRIATE | DATE   |    |  |
|   | V 118                | 18 Continued From page 2   |   | V440          |  |            | +  |    |  |
|   |                      |  |   | V 118         |  |            |  |    |  |
|   |                      | from July 2021 through   | n August 2021.  |               |  |            |  |    |  |
|   |                      | Finding #2:  |   |               |  |            |  |    |  |
|   |                      |  | Client #2's record revealed:                              |               |  |            |  |    |  |
|   |                      | -admitted 4-11-21;   | a revealed.   |               |  |            |  |    |  |
|   |                      | -diagnoses of Mild Intell  | lectual Disability,                                       |               |  |            | 1  |    |  |
|   | 1                    | Depressive Disorder, O   | steoporosis,  |               |  |            |  |    |  |
|   |                      | Hypothyroidism, Seizure  | e Disorder, Dementia,                                     |               |  |            |  |    |  |
|   |                      | Hypertension;  | 5 40 04   |               | 1                                      |            |  | 1  |  |
|   |                      | -physician order dated :   | 0-18-21 revealed:   |               |  |            |  |    |  |
|   |                      | carbamazepine (seizure disorder) 100mg take 2 tablets by mouth twice daily, divalproex |   |               |  |            |  |    |  |
|   |                      | (seizures) 500mg take  | 1 tablet by mouth twice                                   |               |  |            |  | E  |  |
|   |                      | daily, memantine (alzhe  | eimer's disease) 10mg                                     |               |  |            |  |    |  |
|   |                      | take 1 tablet by mouth t   | wice daily, risperidone                                   |               |  |            |  |    |  |
|   |                      | (antipsychotic) 0.5mg ta   | ake 1 1/2 tablet by mouth                                 |               |  |            |  |    |  |
|   |                      | twice daily, zonisamide  | (seizures) 100mg take 3                                   |               |  |            |  |    |  |
|   | 19                   | capsules by mouth ever   | ry morning and every                                      |               |  |            |  |    |  |
|   |                      | 1 tablet by mouth every  | xiety disorder) 0.5mg take                                |               |  |            |  | 1  |  |
|   | r                    | refresh tears 0.5% ont s   | olution 15ml (millimeter)                                 |               |  | 1          |  |    |  |
|   | (                    | for dry eyes) instill 1 dro  | on in both eves three                                     |               |  |            |  |    |  |
|   | t                    | imes a day, donepezil (a   | alzheimer's disease)                                      |               |  |            |  |    |  |
|   | 1                    | 10mg take 1 tablet by me   | outh at bedtime.  |               |  |            |  |    |  |
|   | a                    | alendronate (osteoporos  | is) 70mg take 1 tablet by                                 |               |  |            |  |    |  |
|   | n                    | nouth once weekly with   | 8 ounces of water 30                                      |               |  | 1          |  |    |  |
|   | n                    | ninutes prior to food on   | Wednesdays, calcium                                       |               |  | 1          |  |    |  |
|   | 0                    | scitalogram (antidagram  | 1 tablet by mouth daily,                                  |               |  |            |  |    |  |
|   | b                    | y mouth daily, folic acid  | sant) 20mg take 1 tablet                                  |               |  |            |  |    |  |
|   | l m                  | nouth daily, levothyroxin  | e (thyroid) 50mca   |               |  |            |  |    |  |
|   | (r                   | micrograms) take 1 table   | et by mouth once daily                                    |               |  |            |  |    |  |
|   | lis                  | sinopril/hydrochlorothiaz  | zide (blood pressure)                                     |               |  |            |  |    |  |
|   | 10                   | 0/12.5mg take 1 tablet b   | by mouth daily, multi-                                    |               |  |            |  |    |  |
|   | vi                   | tamin take 1 tablet by m   | nouth daily, systane gel                                  |               |  | 1          |  |    |  |
|   | 0.                   | 4%-0.3% (ophthalmic d  | rop) apply to each eye                                    |               |  | 1          | la de la companya de |    |  |
|   |                      | bedtime;   |   |               |  |            |  |    |  |
|   | -p                   | hysician order dated 6-2   | 29-21 revealed:   |               |  |            |  |    |  |
|   | l m                  | yrbetriq (overactive blac<br>/ mouth daily.  | dder) 25mg take 1 tablet                                  |               |  |            |  |    |  |
|   | l Dy                 | mouth daily.   |   | - 1           | (                                      | l.         | 1  | į. |  |

3XVO11

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: | CONSTRUCTION   | (X3) DATE S |             |  |
|---|--|---|-------------------------------|--|-------------|-------------|--|
|   |  |   | 741 201251110.                |  | - CONTR     | LETED       |  |
|   | MHL036-082   |   |                               | B. WING  |             |             |  |
| NAME OF   | PROVIDER OR SUPPLIER   | STREET  | ADDRESS, CITY, STA            | TE, ZIP CODE   |             | 19/2021     |  |
| POWELL  |  |   | BALTIC STREET                 |  |             |             |  |
|   |  |   | TONIA, NC 28054               |  |             |             |  |
| PREFIX<br>TAG                                       | , moor berideolded by Full   |   |                               | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD FOR CROSS-REFERENCED TO THE APPROPR DEFICIENCY) |             | BE COMPLETE |  |
| V 118   | Continued From page 3  |   | V 118                         |  |             |             |  |
|   | approximately 12:56pr -completed MARs pres from April 2021 (date of May 2021; -no June 2021 MAR wareview; -completed MARs pres from July 2021 through  Finding #3: Review on 8-18-21 of Co-admitted 10-8-18; -diagnoses of Moderate Cerebral Palsy, Breast Mastectomies, Arthritis, Femoral Head Resection -physician order dated & loratadine (allergies) 10 mouth daily, multi-vitant daily, omeprazole (reflu | sent for all medications of admission) through as present or available for sent for all medications a August 2021.  Client #3's record revealed:  Intellectual Disability, Cancer with Bilateral ans, Constipation; 5-25-21 revealed:  Omg take 1 tablet by mouth aix) 20mg take 1 tablet by mouth aix) 20mg take 1 tablet ce catablet take 1 tablet sib (anti-inflammatory) by mouth twice daily, tablet by mouth with ac (mouth rinse) 0.2% aning teeth twice daily, softener) 100mg take 1 daily, baclofen (muscle tablet by mouth at aid) 5mg take 1 tablet ental 5000 plus brush er cleaning, sertraline g take 2 tablets by |                               |  |             |             |  |
| 1   | 1:56pm revealed:<br>completed MARs preser  |   |                               |  |             |             |  |

3XVO11

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| AND PLAN OF CORRECTION IDE     |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE (<br>A. BUILDING; |   | (X3) DATE SURVEY<br>COMPLETED |                  |
|--------------------------------|---|--|---------------------------------|---|-------------------------------|------------------|
|                                |   |  | A. BOILDING.                    | A. BUILDING.                            |                               |                  |
|                                |   | MHL036-082   | B. WING                         | B, WING                                 |                               | /19/2021         |
| NAME OF P                      | ROVIDER OR SUPPLIER   | STREET   | ADDRESS, CITY, STAT             | E, ZIP CODE                             |                               | 10/2021          |
| POWELL                         |   |  | BALTIC STREET                   |   |                               |                  |
| (VA) ID                        | CLIMMARY OT   |  | TONIA, NC 28054                 |   |                               |                  |
| (X4) ID<br>PREFIX<br>TAG       | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL   |  | PREFIX<br>TAG                   | PREFIX (EACH CORRECTIVE ACTION SHOULD B |                               | COMPLETE<br>DATE |
| V 118                          | Continued From page   | 4  | V 118                           |   | V                             |                  |
|                                | from January 2021 thr<br>-no June 2021 MAR w<br>for review;   | ough May 2021; yas present or available sent for all medications of August 2021. with Client #1 revealed: medications; | VIIO                            |   |                               |                  |
|                                | prescribed medications<br>-had never missed a do<br>staff.  | 3;   |                                 |   |                               |                  |
|                                |   | ith Client #2 revealed: - ring her medications from er medications.  |                                 |   |                               |                  |
| -<br>-<br>-                    | Interview on 8-18-21 winstaff administered medichad no problems receivorescribed medications. If always received all on problems with medications problems with medications.                | lications;<br>ving<br>;<br>f medications,  |                                 |   |                               |                  |
| fi                             | nterview on 8-19-21 with did not know anything a or June 2021; "I just found out they we hey started looking for t  | bout the missing MARs ere missing when   |                                 |   |                               |                  |
| a<br>-t<br>m<br>-"<br>ki<br>h: | nterview on 8-19-21 with dmitted that June 2021 had looked everywhere hissing MARs; 'I believe that someone now why they would ha ave no proof that some trange that the whole statissing." | MARs were missing; in the office for the took them but don't ve taken them;" -"I one took them, it's                   |                                 |   |                               |                  |

Division of Health Service Regulation

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| AND PLAN                 | NT OF DEFICIENCIES<br>I OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:   |              | (X3) DA <sup>-</sup>          | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|--|--|--|--------------|-------------------------------|-------------------------------|--|
|                          |  | MHI 026 002  | B. WING  | B. WINC      |                               |                               |  |
| NAME OF F                | DROVIDED OF SUPERIOR   | MHL036-082   | D. VVIIVO  |              | 08                            | /19/2021                      |  |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET   | ADDRESS, CITY, STAT  | TE, ZIP CODE |                               |                               |  |
| POWELL                   |  |  | BALTIC STREET  |              |                               |                               |  |
| (VA) ID                  |  | GAS  | TONIA, NC 28054  |              |                               |                               |  |
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEFICIENCY) |              | ON SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLE<br>DATE        |  |
| V 118                    | Continued From page  | e 5  | V 118  |              |                               |                               |  |
|                          | -admitted that June 20 think they are here sor our hands on thern;" -"I don't think we have that would take them;" -"I think they were pull were misplaced;" -"We have never in my | Professional (QP) revealed: 021 MARs were missing; -"I mewhere and we cannot lay had any disgruntled staff led and the stack of papers |  |              |                               |                               |  |

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