

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/15/2021
NAME OF PROVIDER OR SUPPLIER NEVIN #2		STREET ADDRESS, CITY, STATE, ZIP CODE 3825 NEVIN ROAD CHARLOTTE, NC 28269		
(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 9-15-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnoses is a Developmental Disability.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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

TITLE

(X6) DATE

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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure all prescriptions and non prescription medications were disposed of in a manner that guards against diversion or accidental ingestion effecting two of three audited clients (Clients #2 and #3). The findings are:</p> <p>Review on 9-14-21 of Client #2's medications revealed: -Antifungal foot powder apply once daily dispensed 4-22-20, expired 4-30-21. -Clonazepam .5mg (agitation) PRN dispensed 1-21-20, expired 1-20-21.</p> <p>Review on 9-14-21 of Client #3's medications revealed; -Hydroxyzine 25 mg (agitation) one per day prn dispensed 7-30-20, expired 7-30-21. -Ventolin hfa aer (aerosol) 90 mcg (asthma) 2 puffs prn, dispensed 4-21-20, expired 4-21-21.</p> <p>Interview on 9-14-21 with the facility manager revealed: -The nurse had not been out to the facility in quite some time and it was her job to go through the medications. -The expired medications needed to go back to the pharmacy.</p> <p>Interview on 9-15-21 with the Qualified Professional revealed: -Both the nurse and the staff should check the medications. -They would ensure that all the medications were checked and any that needed to go back to</p>	V 119		

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V 119	Continued From page 2 the pharmacy would be disposed of.	V 119			