STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		DENTIFICATION NUMBER.					
		MHL034168			R 09/21/2021		
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	USE AT BETHABARA	2020 CL	YDE HAYES DRIVE				
		WINSTO	N SALEM, NC 271	06			
(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 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on 9/21/21. Deficiencies were cited.						
	category: 10A NCAC	d for the following service 27G. 5600C Supervised Developmental Disabilities.					
V 117	27G .0209 (B) Medica	ation Requirements	V 117				
	<ul> <li>visible;</li> <li>(2) Prescription med or obtained as sample tamper-resistant pack risk of accidental inge packaging includes p with tamper-resistant unit-of-use packaged may be adequate;</li> <li>(3) The packaging la drug dispensed must</li> <li>(A) the client's name</li> <li>(B) the prescriber's r</li> <li>(C) the current disper</li> <li>(D) clear directions f</li> <li>(E) the name, strenged date of the prescriber</li> </ul>	aging and labeling: drug containers not nacist shall retain the with expiration dates clearly lications, whether purchased es, shall be dispensed in caging that will minimize the estion by children. Such lastic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag abel of each prescription include the following: e; name; ensing date; or self-administration; gth, quantity, and expiration d drug; and ss, and phone number of the ing location (e.g., mh/dd/sa					

	(X3) DATE SURVEY COMPLETED R			(X2) MULTIPLE CO	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		
WHE OF PROVIDER OR SUPPLIE     STREET ADDRESS, CITY, STATE, ZIP CODE       2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106     DROVIDER'S PLAN OF CORRECTION (EACH DERICENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC DENTFYING INFORMATION)     PROVIDER'S PLAN OF CORRECTION (EACH DERICENCY AUST BE PRECEDED BY FULL RECULATORY OR LSC DENTFYING INFORMATION)     PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH DERICENCY AUST BE PRECEDED BY FULL RECULATORY OR LSC DENTFYING INFORMATION)     PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH DERICENCY AUST BE PRECEDED BY FULL RECULATORY OR LSC DENTFYING INFORMATION)       V117     Continued From page 1     V 117       This Rule is not met as evidenced by: Based on observations, record reviews, and interviews. the facility failed to ensure prescription medications were dispensing date, the name, strength, quantity and expiration date of the prescribed medication, the name, address and phone number of the pharmacy and the name of the dispensing practitioner for 1 of 6 clients (#5). The findings are:       Review on 9/21/21 of client #5'S Medication Administration Record (MAR) date 9/1/21- 9/21/21 for client #5'S medications for adjo: . Carnitor SF (Sugar Free) Solution: Give 15 ML by mouth 3 times a day.       Observations at approximately 10:57 am on 8/21/21 of client #5'S medications revealed: . There were no labels on the bottles for: Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the bable. . The large bags with labels had been thrown							
Description         Summary structures to performance with the prescription medications were dispensed with the prescription medication, the name, address and power of the dispensing practitioner for 1 of 6 clients (#5). The findings are:         V117           Review on 9/21/21 of client #5's Medication Administration Record (MAR) dated 9/1/21. 9/21/21 of client #5's Medication for 1 of 6 clients (#5). The findings are:         V117           Review on 9/21/21 of client #5's Medication Administration Record (MAR) dated 9/1/21. 9/21/21 of client #5's Medication for 1 of 6 clients (#5). The findings are:         Solume Clirica and Cliric Acid Solution 500 mg/334 mg per 5 ML: Give 15 ML by mouth 3 times a day.           Observations at approximately 10:57 and 0.12/21/21 of client #5's medications revealed:         Solume Clirica and Cliric Acid Solution for 5F. Linet were on 9/21/21 of client #5's medications revealed:           Interview on 9/21/21 of client #5's medication Administration Record (MAR) dated 9/1/21. 9/21/21 of client #5's medications revealed:         Interview on 9/21/21 of client #5's Medication Administration Record (MAR) dated 9/1/21. 9/21/21 of client #5's medications revealed:           Deservations at approximately 10:57 and 0.12/21 of client #5's medications revealed:         Interview on 9/21/21 with the Qualified Profession and Cliric Acid Solution for 5F. Sugar Free) Solution revealed:           Bost Solution SF were delivered in large bags with he babs.         - The agree bags with habes hab been thrown	9/21/2021	09					
VANUS HOUSE AT BETHABARA         WINSTON SALEM, NC 27106           (X4) [D]         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE REFICEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PROVIDER'S PLAN OF CORRECTION PEERIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)           V 117         Continued From page 1         V 117           This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure prescription medications were dispensed with the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date of the prescribed medication, the name, address and phone number of the pharmacy and the name of the dispensing practitione for 1 of 6 clients (#5). The findings are:           Review on 9/21/21 of client #5's Medication Administration Record (MAR) dated 9/1/21- 9/21/21 revealed: - Sodium Citrate and Citric Acid Solution 500 mg/334 mg per 5 ML: Give 10 ML (milliliter) twice daily. - Carnitor SF (Sugar Free) Solution: Give 15 ML by mouth 3 times a day.           Observations at approximately 10:57 am on 9/21/21 of client #5's medications revealed: - There were no labels on the bottles for: Sodium Citrate and Citric Acid Solution nor Carnitor SF.           Interview on 9/21/21 with the Qualified Professional revealed: - Both Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels. - The large bags with labels had been thrown						ROVIDER OR SUPPLIER	AME OF PF
IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       IEACH DORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         V 117       Continued From page 1       V 117         This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure prescription medications were dispensed with the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date of the prescribed medication, the name, address and phone number of the pharmacy and the name of the dispensing practitioner for 1 of 6 clients (#5). The findings are:         Review on 9/21/21 of client #5's Medication Administration Record (MAR) dated 9/1/21- 9/21/21 revealed: - Sodium Citrate and Citric Acid Solution 500 mg/334 mg per 5 ML: Give 10 ML (milliller) twice daily.         • Carmitor SF (Sugar Free) Solution: Give 15 ML by mouth 3 times a day.         Observations at approximately 10:57 am on 9/21/21 of client #5's medication nor Carnitor SF.         Interview on 9/21/21 the boalds on the bottles for: Sodium Citrate and Citric Acid Solution nor Carnitor SF.         Interview on 9/21/21 the boalds.         Bast Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels.         • Babt Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels.						USE AT BETHABARA	AVIS HO
<ul> <li>This Rule is not met as evidenced by:</li> <li>Based on observations, record reviews, and</li> <li>interviews, the facility failed to ensure prescription</li> <li>medications were dispensed with the prescriber's</li> <li>name, the current dispensing date, the name,</li> <li>strength, quantity and expiration date of the</li> <li>prescribed medication, the name, address and</li> <li>phone number of the pharmacy and the name of</li> <li>the dispensing practitioner for 1 of 6 clients (#5).</li> <li>The findings are:</li> <li>Review on 9/21/21 of client #5's Medication</li> <li>Administration Record (MAR) dated 9/1/21-</li> <li>9/21/21 revealed:</li> <li>Sodium Citrate and Citric Acid Solution 500</li> <li>mg/334 mg per 5 ML: Give 10 ML (milliliter) twice</li> <li>daily.</li> <li>Carnitor SF (Sugar Free) Solution: Give 15 ML</li> <li>by mouth 3 times a day.</li> <li>Observations at approximately 10:57 am on</li> <li>9/21/21 of client #5's medications revealed:</li> <li>There were no labels on the bottles for: Sodium</li> <li>Citrate and Citric Acid Solution, SF.</li> <li>Interview on 9/21/21 with the Qualified</li> <li>Professional revealed:</li> <li>Both Sodium Citrate and Citric Acid Solution, and Carnitor SF.</li> <li>Interview on 9/21/21 with the Qualified</li> <li>Professional revealed:</li> <li>Both Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels.</li> <li>The large bags with labels had been thrown</li> </ul>	(X5) COMPLET DATE	TION SHOULD BE THE APPROPRIATE	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PREFIX	Y MUST BE PRECEDED BY FULL	(EACH DEFICIENC)	PREFIX
Based on observations, record reviews, and interviews, the facility failed to ensure prescription medications were dispensed with the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date of the prescribed medication, the name, address and phone number of the pharmacy and the name of the dispensing practitioner for 1 of 6 clients (#5). The findings are:         Review on 9/21/21 of client #5's Medication Administration Record (MAR) dated 9/1/21- 9/21/21 revealed: - Sodium Citrate and Citric Acid Solution 500 mg/334 mg per 5 ML: Give 10 ML (milliliter) twice daily. - Carnitor SF (Sugar Free) Solution: Give 15 ML by mouth 3 times a day.         Observations at approximately 10:57 am on 9/21/21 of client #5's medication special - There were no labels on the bottles for: Sodium Citrate and Citric Acid Solution special - There were no labels on the bottles for: Sodium Citrate and Citric Acid Solution, and Carnitor SF.         Interview on 9/21/21 with the Qualified Professional revealed: - Both Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels. - The large bags with labels had been thrown				V 117	91	Continued From page	V 117
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<ul> <li>9/21/21 of client #5's medications revealed:</li> <li>There were no labels on the bottles for: Sodium Citrate and Citric Acid Solution nor Carnitor SF.</li> <li>Interview on 9/21/21 with the Qualified Professional revealed:</li> <li>Both Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels.</li> <li>The large bags with labels had been thrown</li> </ul>					d (MAR) dated 9/1/21- Citric Acid Solution 500 Give 10 ML (milliliter) twice Free) Solution: Give 15 ML	Administration Record 9/21/21 revealed: - Sodium Citrate and mg/334 mg per 5 ML: daily. - Carnitor SF (Sugar I	
Professional revealed: - Both Sodium Citrate and Citric Acid Solution, and Carnitor SF were delivered in large bags with the labels. - The large bags with labels had been thrown					medications revealed: s on the bottles for: Sodium	9/21/21 of client #5's - There were no label	
					l: e and Citric Acid Solution, delivered in large bags with	Professional revealed - Both Sodium Citrate and Carnitor SF were the labels. - The large bags with	
V 118 27G .0209 (C) Medication Requirements V 118				V 118	ation Requirements	27G .0209 (C) Medica	V 118

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034168	B. WING		09	R 09/21/2021	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
AVIS HO	USE AT BETHABARA	2020 CL	YDE HAYES DRIVE				
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(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) COMPLE <sup>-</sup> DATE	
V 118	Continued From page	e 2	V 118				
	10A NCAC 27G .020 REQUIREMENTS (c) Medication admini (1) Prescription or no only be administered order of a person aut drugs. (2) Medications shall clients only when aut 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 recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests fo checks shall be recor file followed up by ap with a physician.	9 MEDICATION istration: 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. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The following: nd quantity of the drug; drug is administered; and f person administering the r medication changes or ded and kept with the MAR pointment or consultation as evidenced by: ns, record reviews, and					

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL034168			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
		I			09	/21/2021
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
AVIS HO	USE AT BETHABARA		ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 3	V 118			
	medications were administered as ordered affecting 1 of 6 clients (#6). The findings are:					
	Review on 9/20/21 of client #6's physician's orders dated 7/14/21 revealed:					
	- Zyrtec 10 mg: take 1 tablet daily.					
	Observations at approximately 2:21 pm on 9/21/21 of client #6's medications revealed: - Client #6's bottle of Zyrtec was not in his medication container.					
	Interview on 9/21/21	with the Qualified				
	Professional revealed - Client #6 had stayed guardian from 9/17/2 - His father/legal gua client #6's Zyrtec on 9	1: d with his father/legal 1-9/18/21. rdian did not bring back				

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