Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		F	,	
MHL040-027		B. WING					
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
EDWAR	EDWARDS GROUP HOME #4 1269 APPLETREE ROAD STANTONSBURG, NC 27883						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	on October 1, 2021 This facility is licens	w up survey was completed . Deficiencies were cited. sed for the following service C 27G .5600A Supervised h Mental Illness.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be 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.						

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

(X6) DATE TITLE

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:  B. WING  NAME OF PROVIDER OR SUPPLIER  EDWARDS GROUP HOME #4  STREET ADDRESS, CITY, STATE, ZIP CODE  1269 APPLETREE ROAD  STANTONSBURG, NC 27883	
MHL040-027  NAME OF PROVIDER OR SUPPLIER  EDWARDS GROUP HOME #4  STREET ADDRESS, CITY, STATE, ZIP CODE  1269 APPLETREE ROAD  STANTONSBURG, NC 27883	(X5) COMPLETE
EDWARDS GROUP HOME #4 1269 APPLETREE ROAD STANTONSBURG, NC 27883	COMPLETE
EDWARDS GROUP HOME #4 STANTONSBURG, NC 27883	COMPLETE
CLIMANDY CTATEMENT OF DEFICIENCIES PROVIDENCE CORRECTION	COMPLETE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 118 Continued From page 1 V 118	
This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the medications were administered as ordered by a physician and MARs were kept current affecting 2 of 3 audited clients (#1, #3). The findings are:  Finding #1 Review on 9/30/21 of client #1's record revealed: -65 year old maleAdmission date of 5/14/21Diagnoses of Schizoaffective Disorder Bipolar Type, Major Depressive Disorder, Unspecified Anxiety Disorder and Unspecified Trauma and Stressor Related Disorder.  Review on 9/30/21 of client #1's physician orders revealed: Order dated 5/12/21 -Famotidine 20 mg (milligram) twice daily. (Stomach Ulcers) FL-2 dated 5/14/21 -Ferrex 150 mg every other day. (Iron) -Metoprolol Tartrate 25 mg twice daily. (Hypertension) -Pantoprazole 40 mg twice daily. (Acid reflux) -Sucralfate 10 mg/ml (milliliter) twice daily with meals. (Ulcers) -Loxapine 10 mg 2 every morning, 3 every afternoon and 3 at bedtime. (Schizophrenia) Review on 9/30/21 of client #1's September 2021 MAR revealed the following blanks:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION			
					F	R	
		MHL040-027	B. WING		10/0	1/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
EDWARI	EDWARDS GROUP HOME #4 1269 APP						
(V4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	SBURG, NC	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
	-Metoprolol Tartrate -Pantoprazole - 9/1 -Sucralfate - 9/24/2	at 8am and 9/20/21 at 8am e - 9/10/21 at 8am 0/21 at 8am 1 8am 1 client #1 stated he received					
	Finding #2 Review on 9/30/21 of client #3's record revealed: -30 year old maleAdmission date of 11/27/17Diagnoses of Schizophrenia, Impulse Disorder, Personality Disorder and Intermittent Explosive Disorder.						
	dated 5/20/21 reveal- -Depakote (treats stimes daily. -Chlorpromazine (treats three times daily.	of a signed FL-2 for client #3 aled the following medications: eizures) 250mg - take three reats Schizophrenia) 200mg - ily. eats seizures) 600mg - take					
	Review on 9/30/21 MAR revealed the f -Depakote - 09/27/2 -Chlorpromazine - 0 -Oxcarbazepine - 0	21 at 8am. 09/27/21 at 8am.					
	Interview on 9/30/2 his medications dai	1 client #3 stated he received ly.					
	Professional/Regist	1 the Licensee/Qualified tered Nurse stated: eir medications as ordered by					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	` ´COMPLETE		
			A. BUILDING.		F	,	
		MHL040-027	B. WING			1/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EDWAR	EDWARDS GROUP HOME #4 1269 APPLETREE ROAD STANTONSBURG, NC 27883						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 3	V 118				
	-Staff did not docun administered on the	nent the medications were MAR.					
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	failed to ensure faci in a safe, clean, attr	et as evidenced by: ons and interviews, the facility ility grounds were maintained ractive, orderly manner and nsive odor. The findings are:					
	1:05pm revealed: - A very strong pung	30/21 at approximately gent malodorous smell was ar door in the dining room					
	- The kitchen had a - The room of the riback side had a dal - Client #4's bedroof facility had a bent cand 3 handles on the bathroom had 1 of 4	large TV stored under a table. ght side of the facility on the rk film on the shower surface. m on the right front of the urtain rod over the window he dresser missing. The 4 lights that worked. The tub					
	the house was bent - Client #3 and #4's	turn vent on the right side of					

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			A. BUILDING.	·	F	,		
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NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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V 736	pile of soiled clothe vent next to the win linoleum was torn. bulb that did not wo - Client #3's bathroubulbs that worked The living room ha 2 foot and an approsection of the walls color.  Interview on 09/30/stated a substance walls and furniture. Interview on 10/01/#5 had piled his clowanted to go home.	s was in the floor. The floor adow was rusty and the The bathroom had one light ork. om had one of three light ad an approximately 2 foot by eximately 3 foot by 3 foot that was painted a different 21 an Administrative Staff had been sprayed on the and was to be wiped down. 21 the Licensee stated client thes in the floor because he	V 736					

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