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:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:			
		MHL0411011	B. WING		01/06/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
FLYING S	TART CREATIVE EXPRE	SSIONS, INC 1204 STEF	RNLY WAY NT, NC 27260				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	3	V 000				
		vas completed on January 6, (Intake#00184345) was ciency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living in a Private Residence. The survey sample consisted of audits of 0 current clients, 1 former clients, 0 deceased clients.						
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	118 27G .0209 (C) Medication Requirements 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;						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0411011	B. WING		01	1/06/2022
NAME OF P	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STATE	ZIP CODE		
			4 STERNLY WAY	,,		
FLYING S	TART CREATIVE EXPRE	SSIONS, INC	H POINT, NC 27260			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 118	V 118 Continued From page 1		V 118			
	drug. (5) Client requests for checks shall be record	f person administering the or medication changes or rded and kept with the MAR opointment or consultation				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to administer medications on the written orders of a physician for 1 of 1 Former Client (FC #1). The findings are:					
	record revealed: -An admission date of Diagnoses of Bipola Psychotic Features at Mental Retardation, of Speech is Very Diffic Teeth Decay, and Vita-Discharge date of 12-An assessment date his mother, is looking some vocational lear at [a state psychiatric self-injurious (SIB)s, slumped posture, car aggressive, history or risk-low, Thought pro and obsessive, freque property destruction,	r Disorder, Severe With and Aggression, Moderate Communication Disorder, ult to Understand, Severe samin D Deficiency. 2/6/21 ed 7/15/16 noted "lives with g to move into an AFL home, ning, previous hospitalization c hospital], behaviors include restless when upset, in be withdrawn and passive f aggressive acts, homicidal ocess includes compulsive ently lies and a history of will require extended				
	services, barriers to t	treatment include family, es and will need or should				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	SI CONNECTION	is a second of the second of t			COIVII	LLILD
	MHL0411011 B. WING		01	06/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
FLYING S	TART CREATIVE EXPRE	SSIONS. INC	ERNLY WAY DINT, NC 27260			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	told no and needs alt being inappropriate we easily calmed down we be allowed time to hir strangers as he will gestrangers into the hose physical aggression we following the rules and and display intimidating. A treatment plan datassistance in developmented to self-advocabased training to lear demonstrate indepensiving using multi-stepput away the dishes, skills with no verbal of use respectful langual will decrease verbal awill use appropriate in Review on 12/29/21 orders, dated 10/5/21 -Depakote/divalproex manic episodes asso epilepsy and migrained 1poqam and 2poqhs Review on 12/28/21 of MAR revealed: -Depakote/divalproex was documented as a 12/6/21 until FC #1's -Depakote/divalproex was documented as a 12/5/21 until FC #1's -Atomoxetine 18mg, for the sail of	vices, does not like to be ernative choices, history of with females, if upset, and not with redirection, will need to mself, must never talk to give stuff away, and will invite e, will display verbal and when confronted about not ad will cuss, wave his arms ng movements." ed 6/1/21 noted "requires bing and utilizing coping skills acy, will use community in new skills, will develop and idence in activities of daily to commands, will wash and will use anger management or physical aggression, will age and appropriate tones, and physical aggression and manners." of FC #1's physician's l, revealed: a sodium (used to treat ciated with bipolar disorder, the headaches) 500mg then stop of FC #1's December 2021 a sodium 500mg, 1poqam administered from 12/1/21 to discharge date of 12/6/21 a sodium 500mg, 2poqhs administered from 12/1/21 to discharge date of 12/6/21 1poqdinner was red from 12/1/21 to 12/5/21	V 118			

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LETED	
		MHL0411011	B. WING	B. WING		06/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE			
51.VIV.0.01		1204 \$	STERNLY WAY				
FLYING S	TART CREATIVE EXPRE	SSIONS, INC	POINT, NC 27260				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
V 118	Continued From page 3		V 118				
	Review on 12/28/21 Medication Release I "Date of Departure: -Medications and Do - Depakote/divalproe 1poqam-Quantity of 2 - Depakote/divalproe 2poqhs-Quantity of 5 Interview on 12/30/2 -Took all medications -Due to diagnoses, F questions about med discontinued. Interview on 12/28/2 Coordinator revealed -FC #1 was discharg -"All of the issues wit discovered after his onew facility. [FC #1] with his medications function than he isRequested and revie orders and MARs for -"As far as I rememb sodium was discontinammonia levels being -The Depakote/divalg documented as being of December 2021 of -"I spoke with [the ph	of the AFL Provider's Form for FC #1 revealed: 12/6/2021." sage as follows: x sodium 500mg, 25 x sodium 500mg, 32 1 with FC #1 revealed: 3 3 1 with FC #1 revealed: 3 3 3 4 with FC #1's Care 4 ed from the AFL on 12/6/21 4 h his medications were 4 discharge and transition to a will not have any concerns as he appears more higher 4 ewed FC #1's physician's 5 December 2021. 6 er, Depakote/divalproex 6 nued on 10/5/21 due to his 8 g elevated." 6 oroex sodium was 8 g given the first several days 6 n the MAR. 6 narmacy's medication					
	technician] and there was no physician's order to restart the medication in December (2021). So, I don't understand why he was given the medication"						
	Interview on 12/29/21 with the Pharmacy's Medication Technician revealed:						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		MHL0411011	B. WING		01/	/06/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
EI VING S	TART CREATIVE EXPRE	SSIONS INC	RNLY WAY			
1 LI ING 3	TAKT CKEATIVE EXPINE	HIGH PO	INT, NC 27260			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From page	e 4	V 118			
	 V 118 Continued From page 4 -"Personally, I handled all of FC #1's medications because they were a mess." -Had difficulty getting in touch with the Nurse Practitioner. -Had difficulty getting in touch with the AFL Provider. -Was not aware the Nurse Practitioner had been emailing FC #1's physician's orders to the AFL Provider. -"The pharmacy would consistently get written physician's orders without any refills. This meant the refills on the prescriptions can be filled one time. We must continue to print the MARs as being active. It is a grey area on what we can do. We have no way of knowing if medications has been discontinued without the physician's orders. Legally we cannot make an assumption if medications were discontinued unless we have a discontinued order." 					
	- Depakote/divalproedispensed after 5/24/ -The supply of the 25 6/30/21 as there were left the 250mg was give ither be filled at a different would have sent it to refilled a dispensed from a left to be discontinue this preduction. The provider got a giving [FC #1], the Default of the supplementary of the provider got a giving [FC #1], the Default of the provider got a giving prescription of the supplementary of the provider got a giving [FC #1], the Default of the provider got a giving prescription of the supplementary of the su	on Technician revealed: ox sodium 250mg was not 21 0mg should have run out on e no refills ren after 6/30/21 it would fferent pharmacy or the NP a different pharmacy to be ne new medication should nented as given unless it another pharmacy. ysician's order dated 10/5/21 escription. n email from the NP to stop epakote/divalproex sodium n 10/5/21, then it would out the provider should not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411011	B. WING		01/0	6/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FLYING S	TART CREATIVE EXPRE	SSIONS, INC	RNLY WAY			
	I	HIGH PO	NT, NC 27260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOU) BE	(X5) COMPLETE DATE
V 118	Continued From page	e 5	V 118			
	revealed: -FC #1 was removed by the Legal Guardial -Had no issues with F physician's orders an physician who retired -With the new physici numerous issues with physician's orders an -"[FC #1]'s physician state and had seen h via Zoom." -Stated the pharmacy physician and the wri #1 -The current physicia with all of the medica -"None of the emails signature, just the nathad, on numerous orders from the physimedications, to no av -"I am just the provide physician's orders an medications are dispending the physician not even for no control on what's with the provider of the physician of the physician of the physician's orders and the physician's orders and the physician's orders and the physician not even for no control on what's with the physician of the physician	TC #1's medications, d MARs with the previous in March 2021. Itan, there had been in FC #1's medications, d MARs resided in a neighboring im for the past nine months of had concerns with the ting of prescriptions for FC in emailed the AFL Provider tion orders for FC #1 had the physician's in eand the title." In ccasions, requested disciplinaries, recasions, requested disciplinaries. I have to go by the disciplinaries and not discontinued in the medication orders. I have written on the MARs" I with the Qualified wealed: ithout any notice or warning in March 2021.				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		LETED	
		MIII 0444044	B WING	B. WING		1001000	
		MHL0411011			01/	06/2022	
NAME OF P	ROVIDER OR SUPPLIER		T ADDRESS, CITY, STA	TE, ZIP CODE			
FLYING START CREATIVE EXPRESSIONS. INC			STERNLY WAY POINT, NC 27260				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN ((X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLETE DATE	
V 118	Continued From page	e 6	V 118				
	Interview on 1/5/2022 revealed: -Was surprised to he	2 with the Nurse Practitioner					
		ing Depakote/divalproex					
		order, dated 8/4/21, for					
	I	sodium 500mg 1poqam and					
	back yet.	s FC #1's labs were not					
	,	der) must have assumed it					
	was okay to continue the Depakote/divalproex						
	_	nat it needed to be stopped					
		did send something with a					
		rmacy, but I don't have that					
	_	ien we got his labs back, l					
		els were too high. He should					
		en any Depakote/divalproex					
		2021. I know we reiterated					
	I	pakote/divalproex sodium.					
	I -	eyed that to her on 8/19/21, /divalproex sodium. I am not					
		sconnect but if she had					
		d have called mel rely on					
		iders to voice any issues and					
		act with me. If they need a					
		nentation or a discontinued					
		to communicate that to me					
	" -The NP stated she had moved on from where						
	,	ne medication orders).					
		he medication orders) being					
	a little "muddled". I am glad [FC #1] is safe and I						
	will continue to follow	up with him"					
	Further interview on Provider revealed:	1/6/2022 with the AFL					
		C #1's Denakoto/divolprocy					
		C #1's Depakote/divalproex am and 2poqhs in December					
	2021 until his discharge on 12/6/21Had asked the NP for discontinued orders for the						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				A. BUILDING.			
MHL0411011)11	B. WING		01/	06/2022	
NAME OF PROV	VIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FLYING STAI	RT CREATIVE EXPRE	SSIONS, INC	1204 STER HIGH POIN	NLY WAY T, NC 27260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D se -\ an F re -\ en 6. -"	Continued From page Depakote/divalproex separate occasions, but was not aware the purpose of the	sodium 500mg, but never receive hysician's name red a valid order /6/2022 with the Provider submitember 1 through a Administration g will be done w	ed them e and title in r. e QP medication December every April. I ith [the AFL	V 118			

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