STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
					F	₹			
		MHL007-033 B. WING		12/1	4/2021				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
COUNTE	COUNTRY LIVING GUEST HOME #2 3052 MARKET STREET EXTENSION								
COUNTR	AT LIVING GUEST HU	WASHING	STON, NC 27	7889					
(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)	TION SHOULD BE THE APPROPRIATE				
V 000	0 INITIAL COMMENTS		V 000						
	on December 14, 2	w up survey was completed 021. Deficiencies were cited.							
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.								
	The survey sample current clients.	consisted of audits of 3							
V 108	27G .0202 (F-I) Per	sonnel Requirements	V 108						
	(g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet	cation shall be documented. ing programs shall be minimum, shall consist of the							
	(4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av								
	member shall be traincluding seizure meto provide cardiopul trained in the Heimletechniques such as the American Heart equivalence for relie	ained in basic first aid anagement, currently trained Imonary resuscitation and ich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction.							

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL007-033	B. WING			R 14/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COUNTR	RY LIVING GUEST HO	MF #2	RKET STREE STON, NC 27	T EXTENSION		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 108	reporting, investigation	ge 1 and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108			
	failed to ensure star Cardiopulmonary R Aid affecting 1 of 3 Review on 12/14/27 revealed: -A hire date of 5/10, -National CPR Foundated 7/20/21 for C -There was no evid	view and interview, the facility ff were trained in esuscitation (CPR) and First staff audited (#2). I of staff #2's personnel record /12. ndation training certificate PR and first aid. ence of a current CPR or First It had been conducted with an				
	Interview on 12/14/2 -She had completed and First AidHer CPR and First completed on-line. Interview on 12/13/2 -He had worked at -He had completed	21 staff #2 stated: d trainings that included CPR Aid Training had been				
	Interview on 12/14/ Professional/RN sta -The National CPR					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL007-033	B. WING	B. WING		R 4/2021
COUNTRY LIVING GUEST HOME #2 3052 MAR				STATE, ZIP CODE ST EXTENSION 7889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 108	online training that of the on-going pane	was provided to staff because demic. uture CPR and First Aid	V 108			
V 118	training provided to staff was with an in-person instructor. 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; (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.		V 118			

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GIKF11 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:	BOILDING.		₹	
		MHL007-033	B. WING			4/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COUNTR	RY LIVING GUEST HO	MF #2	RKET STREE STON, NC 2	ET EXTENSION 7889			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLETE		
V 118	Continued From pa	ige 3	V 118				
	facility failed to kee of 3 audited clients are: Finding #1 Review on 12/14/2 revealed: -35 year old male a -Diagnoses of Schi Review on 12/14/2 orders dated 7/2/21 -Lipitor 40mg (millig bedtimeCogentin 2mg (tredailyClozaril 100mg (arbedtimeDulcolax 100mg (s-Lamictal 100mg (not be a daministered: Lipitor 40mg on 11 -Cogentin 2mg on 2 -Clozaril 100mg on -Dulcolax 100mg on -Dulcolax 100mg on -Dulcolax 100mg on -Lamictal	views and interviews the p the MARs current affecting 3 (#3, #4 and #5). The findings 1 of client #3's record admitted 7/2/20. Zophrenia and Hypertension. 1 of client #3's Physician revealed: grams) (cholesterol), 1 tablet at ats tremors)1 tablet twice at ats tremors)1 tablet at ats tremors)1 twice daily. The solution of client #3's November 2021 following areas in the MAR dicate the medication had					

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		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING.			R			
		MHL007-033		B. WING		12	/14/2021	
NAME OF I	PROVIDER OR SUPPLIER	STR	EET ADD	DRESS, CITY, S	STATE, ZIP CODE			
COUNTR	RY LIVING GUEST HO	MF #2		KET STREE TON, NC 27	T EXTENSION 7889			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION))	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa	age 4		V 118				
	he received his me	dication daily.						
	revealed: -70 year old male a -Diagnoses of Majo	1 of client #4's record admitted 10/17/19. or Depressive Disorder, Hypertension and tobacco	Use					
	Review on 12/14/21 of client #4's Physician orders dated 11/22/21 revealed: -Amantadine 100mg (treats muscle control), 1 tablet at bedtimeCilostazol 100mg (treats blood flow problems)1 tablet twice dailyColace 100 (stool softner) 1 twice dailyEliquis 5mg (prevent blood clots) 1 twice dailyRisperidone 1mg (mood disorder) 1 twice at bedtimeSenna 8.6mg (constipation) 1 at bedtimeSymbicort 160-4.5 MCG Inhaler (asthma symptoms) 2 puffs twice a day.							
	MAR revealed the twith no initials to inbeen administered: -Amantadine 100m -Cilostazol 100mg of Colace 100 on 11/ -Eliquis 5mg on 11/ -Risperidone 1mg of Senna 8.6mg on 1 -Symbicort 160-4.5 8:00pm.	g on 11/18/21 at 8:00pm on 11/18/21 at 8:00pm. 18/21 at 8:00pm. /18/21 at 8:00pm. on 11/18/21 at 8:00pm 1/18/21 at 8:00pm. MCG Inhaler on 11/18/2	R I					
	During interview on he received his me	i 12/14/21 client #4 reveal dication daily.	led					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL007-033	B. WING		12/1	R 4/2021
COUNTRY LIVING GUEST HOME #2 3052 MAR			, ,	STATE, ZIP CODE ET EXTENSION 7889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRICED TO THE APPRICED TO THE APPRICED OF THE APPRICED O	ULD BE	(X5) COMPLETE DATE
V 118	Finding #3 Review on 12/14/21 revealed: -29 year old male a -Diagnoses of Anxio Depressive Disorde Review on 12/14/21 orders dated 8/24/21 -Cogentin 0.5mg (n -Clonazepam 2mg -Risperidone 3mg (n -Topiramate 100mg Review on 12/14/21 MAR revealed the filt with no initials to incomplete to the sense of th	dmitted 11/8/21. ety, Mood Disorder, GERD, etr. I of client #5's Physician et revealed: nood) 1 twice daily. (anxiety) 1/2 tablet twice daily. (seizures) 1 twice daily. I of client #5's November 2021 following areas in the MAR dicate the medication had an 11/18/21 at 8:00pm. In on 11/18/21 at 8:00pm. I on 11/18/21 tlient #5 revealed dication daily.	V 118			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 303 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL007-033	B. WING		F	R 4/2021		
		WHE007-033			12/1	4/2021		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COUNTR	RY LIVING GUEST HO	MF サン	RKET STREE STON, NC 27	ET EXTENSION 7889				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 736	736 Continued From page 6		V 736					
	was not maintained and orderly manner Observation on 12/ 10:15am revealed: -Client #3 and Clier hole in the wall and detached from the ceiling above the si-Client #1's ceiling I workClient #2's bedroor Interview on 12/14/3 stated:	on and interview, the facility in a safe, clean, attractive. The findings are: 14/21 at approximately at #6's bedroom had a 3 inch the smoke detector was ceiling. sink was partially detached aint was chipping from the						

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