

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>10/13/2021</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE RESIDENTIAL FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 SPINNER ROAD HOPE MILLS, NC 28348</b>
---	--

(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 October 13, 2021. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 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; (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		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Brenda Mckan* TITLE *Director*

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE RESIDENTIAL FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 SPINNER ROAD</b> <b>HOPE MILLS, NC 28348</b>
---	--

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to keep the MARs current affecting one of three clients (#3). The findings are:</p> <p>Review on 10/08/21 of client #3's record revealed: -69 year old male. -Admission date of 06/16/21. -Diagnoses of Moderate Intellectual Developmental Disability, Schizophrenia, Antisocial Personality Disorder, Hypertension, High Cholesterol, Eczema and Chronic Obstructive Pulmonary Disease.</p> <p>Review on 10/07/21 of client #3's physician orders revealed: 06/17/21 -Atorvastatin 40mg (used to treat high cholesterol) Take 1 tablet by mouth daily. -BENZTROPINE MES 1mg (used with other medicines to treat symptoms of Parkinson's disease) Take 1 tablet by mouth daily at bedtime. -Doxepin 25mg (used to treat symptoms of depression and/or anxiety associated with alcoholism, manic depression, or other mental illness) Take 1 capsule by mouth daily at bedtime. -Escitalopram 20mg (used to treat major depressive disorder in adults and adolescents) Take 1 tablet by mouth daily. -Ferrous Sulfate 325mg (used to treat iron deficiency anemia) Take 1 tablet orally daily. -Furosemide 20mg (used to treat fluid retention)</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE RESIDENTIAL FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 SPINNER ROAD</b> <b>HOPE MILLS, NC 28348</b>
---	--

(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 118	<p>Continued From page 2</p> <p>Take 1 tablet by mouth daily.</p> <ul style="list-style-type: none"> <li>-Meloxicam 7.5mg (used to treat pain or inflammation) Take 1 tablet by mouth daily.</li> <li>-Metoprolol Succ ER 50mg (used to treat angina (chest pain) and hypertension) Take 1 tablet by mouth daily.</li> <li>-Montelukast SOD 10mg (used to treat allergies) Take 1 tablet by mouth daily.</li> <li>-Trelegy Ellipta 200-62.5-25 (used to improve symptoms and prevent bronchospasm in adults with COPD) Inhale one puff orally every day. 09/16/21</li> <li>-Clonazepam 0.5mg (used to treat certain seizure disorders) Take 1 tablet by mouth 2 times per day.</li> <li>-Olanzapine 20mg (used to treat psychotic conditions such as schizophrenia and bipolar disorder) Take 1 tablet by mouth daily.</li> </ul> <p>Review on 10/07/21 of the September and October 2021 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> <li>-Atorvastatin 40mg- 09/29/21, 9/30/21.</li> <li>-Benzotropine MES 1mg- 09/29/21, 09/30/21.</li> <li>-Clonazepam 0.5mg- 09/30/21 at am and 09/28/21-09/30/21 at pm.</li> <li>-Clopidogrel 75mg- 09/30/21.</li> <li>-Doxepin 25mg- 09/02/21-09/30/21.</li> <li>-Escitalopram 20mg- 09/29/21-09/30/21.</li> <li>-Ferrous Sulfate 325mg- 09/29/21-09/30/21.</li> <li>-Furosemide 20mg- 09/28/21-09/30/21.</li> <li>-Meloxicam 7.5mg- 09/28/21-09/30/21.</li> <li>-Metoprolol Succ ER 50mg- 09/28/21-09/30/21.</li> <li>-Montelukast SOD 10mg- 09/28/21-09/30/21.</li> <li>-Olanzapine 20mg- 09/28/21-09/30/21.</li> <li>-Trelegy Ellipta 200-62.5-25- 10/01/21-10/07/21, 09/14/21-09/30/21.</li> </ul> <p>During interview on 10/07/21 client #3 revealed:</p> <ul style="list-style-type: none"> <li>-He received his medication daily.</li> </ul>	V 118	<p>Unity Home Care QP assisted Staff with the appropriate correction for the following blanks on Client #3 MARs.</p> <ul style="list-style-type: none"> <li>-Atorvastatin 40mg- 09/29/21, 9/30/21.</li> <li>-Benzotropine MES 1mg- 09/29/21, 09/30/21.</li> <li>-Clonazepam 0.5mg- 09/30/21 at am and 09/28/21-09/30/21 at pm.</li> <li>-Clopidogrel 75mg- 09/30/21.</li> <li>-Doxepin 25mg- 09/02/21-09/30/21.</li> <li>-Escitalopram 20mg- 09/29/21-09/30/21.</li> <li>-Ferrous Sulfate 325mg- 09/29/21-09/30/21.</li> <li>-Furosemide 20mg- 09/28/21-09/30/21.</li> <li>-Meloxicam 7.5mg- 09/28/21-09/30/21.</li> <li>-Metoprolol Succ ER 50mg- 09/28/21-09/30/21.</li> <li>-Montelukast SOD 10mg- 09/28/21-09/30/21.</li> <li>-Olanzapine 20mg- 09/28/21-09/30/21.</li> <li>-Trelegy Ellipta 200-62.5-25- 10/01/21-10/07/21, 09/14/21-09/30/21.</li> </ul> <p>The correction consisted of the appropriate staff signing off on the MARs and documenting late entry.</p>	10.29.21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE RESIDENTIAL FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 SPINNER ROAD HOPE MILLS, NC 28348</b>
---	--

(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 118	Continued From page 3  During interview on 10/13/21 the Licensee/Qualified Professional revealed: -She was unaware of the medication issues. -All the staff would be trained in the refresher medication administration training.	V 118	The QP provided the Staff with an refresher Training on daily documentation and late entry.	
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 10/07/21 at approximately 12:15pm of the facility revealed: -The bottom of the stove in the kitchen was bent. -The cabinets next to the refrigerator the paint was worn. -The light switch in the hall bathroom was broken. -The area next to the staff desk had a patched area that needed to be painted. -The ceiling in client #3's room had brown stains and bugs were in the floor vent. -Client #3's bedroom wall next to the window had a patched area and not painted and the carpet was stained and soiled. -Client #2's bedroom had a patched area on the door and a bug was on the floor.	V 736	Unity Home Care will paint the cabinets in the kitchen next to the refrigerator, the patch next to the computer desk, the ceiling brown strains. The walls patched area will also be painted. The light switch in the hall bathroom will be repaired. The bugs will be vacuumed up daily after the Orkin visit . The stained and soiled carpet will be cleaned prior to getting estimates for replacement.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE RESIDENTIAL FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 SPINNER ROAD HOPE MILLS, NC 28348</b>
---	--

(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 736	<p>Continued From page 4</p> <p>-The back porch area had debris and trash.</p> <p>During interview on 10/07/21 the Licensee/Qualified Professional's husband revealed:</p> <p>-He was in the process of turning the garage into a bedroom and the debris on the back porch had not been removed.</p> <p>-He would address the other issues in the home and have them repaired.</p>	V 736	Unity Home Care has been removed the trash and debris from the back porch.	10.29.21