PRINTED: 02/24/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL035-050	B. WING		02/ [,]	18/2022	
			DDRESS, CITY, ST	TATE, ZIP CODE			
EASON	COURT #2		GORY MANOR SVILLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORRECTION TION SHOULD BE THE APPROPRIATE CY)	OULD BE COMPLET		
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 2/18/22. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.						
	The survey consisted of audits of 3 current clients.						
V 121	27G .0209 (F) Medication Requirements		V 121				
	governing body or of for obtaining a revie regimen at least even shall be to be perfo physician. The on-set the client's physicia the review when me (2) The findings of the	w: ives psychotropic drugs, the operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or site manager shall assure that n is informed of the results of edical intervention is indicated. the drug regimen review shall client record along with					
	facility failed to perf drug regimens for 3	et as evidenced by: views and interviews, the form six-month reviews of the of 3 audited clients (#1, #2, notropic medications. The					
	Review on 2/16/22	Client #1's record revealed:					

FGFZ11

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STATE MENULO PERFORMANCE SUPPLIERCIAN AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERCIAN IDENTIFICATION NUMBERSUPPLIERCIAN IDENTIFICATION NUMBERSUPPLIERCIAN NUMBERSUPPLIERCIAN IDENTIFICATION NUMBERSUPPLIERCIAN NUMBERSUPPLIERCIAN IDENTIFICATION NUMBERSUPPLIERCIAN IDENTIFICATION NUMBERSUPARSUPPLIERCIAN IDENTIFICATION NUMBERSUPPLIERCIAN IDENTIFICATION N	Division of Health Service Regulation											
NAME OF PROVIDER OR SUPPLIER Interconduct Interconduct EASON COURT #2 124 GREGORY MANOR YOUNGSVILLE, NC 27596 Overline Two Sumemorization of percenteneous Reconstruction of the perconstruction	STATEMENT OF DEFICIENCIES											
BUMMARY STATEMENT OF DEFICIENCIES V121 SUMMARY STATEMENT OF DEFICIENCIES D PREFix ROUVDER'S PLAN OF CORRECTION (EACH OPROPERTY MUST REPORT NOT MUST REPORT NOT NATIONAL DEFICIENCY) DOME V121 Continued From page 1 V121 V121 V121 Admitted 10/20/13 Diagnoses: Bipolar disorder, Post traumatic stress disorder (PTSD), Borderline Intellectual Functioning and Attention-Defici/Hyperactivity disorder (ADHD) No 6 month drug regimen review performed by the pharmacist or physician. Review on 2/16/22 Client #2's record revealed: Admitted 11//19 Diagnoses: Schizophrenia affected disorder - bipolar type and Problems with social envoimment No 6 month drug regimen review performed by the pharmacist or physician. Review on 2/16/22 Client #3's record revealed: Admitted 11//19 Diagnoses: Paranoid Type Schizophrenia Chronic- Primary and Problems with social enview on 2/16/22 Lient #3's record revealed: Moti make sure that someone followed up the pharmacist or physician. Therview on 2/16/22 & 2/18/21 Diddi make sure that someone followed up the facility since the pandemic stated. Moul make sure of the reviews not big done, they were "on it." Therview on 2/18/22 the Director reported: State pharmacist or physician. Therview on 2/18/22 the Director reported: State pharmacist or physician. Therview on 2/18/22 the Director reported: State pharmacist or physician. Therview on 2/18/22 the Director reported: State pharmacist or physician.<td></td><td></td><td>MHL035-050</td><td>B. WING</td><td></td><td>02/1</td><td>8/2022</td>			MHL035-050	B. WING		02/1	8/2022					
EASO COURT #2 YOUNGSVILLE, NC 27596 OW10 TRAC ESUMARY STATEMENT OF DEFICIENCES (ENDER PERMISED TO THE ADDRESS IN RECULT DEPORT WILLING TO DEFICIENCES (ENDER PERMISED TO THE ADRESS INTO PREPRINT TRACE D PREPRINT (ENDER PERMISED TO THE ADRESS INTO (ENDER PERMISED TO THE ADRESS ADDRESS INTO (ENDER PERMISED TO THE ADRESS INTO (E	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED by FULL TAG PREFIX TAG (EACH CORRECTIVA CATION SHOULD BE CROSS-REFERENCE OT OT HEAPPOPRIATE CONSISTENT DEFICIENCY V121 Continued From page 1 V 121 - Admitted 10/20/13 Diagnoses: Bipolar disorder, Post traumatic stress disorder (PTSD), Borderline Intellectual Functioning and Attention-Deficit/Hyperactivity disorder (ADHD) V 121 - No 6 month drug regimen review performed by the pharmacist or physician. Review on 2/16/22 Client #2's record revealed: - Admitted 11/1/19 No 6 month drug regimen review performed by the pharmacist or physician. Review on 2/16/22 Client #2's record revealed: - No 6 month drug regimen review performed by the pharmacist or physician. Review on 2/16/22 Client #3's record revealed: - Admitted 11/2/11 No 6 month drug regimen review performed by the pharmacist or physician. Interview on 2/16/22 Light #3's record revealed: - No 6 month drug regimen review performed by the pharmacist or physician. Interview on 2/16/22 & 2/18/22 the Qualified Professional (QP) reported: - Didn't know the pharmacist and not been out to the facility since the pandemic started. - Now they were on it.* Now they were aware of the reviews not being done, they were 'on it.* Interview on 2/18/22 the Director reported: - Didn't know they were on it.* Interview on 2/18/22 the Director reported: - Getting the reviews completed are "already being worked on." - This will get better and will not happen again 'you can believe that.* Interview that.*	EASON	COURT #2										
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