STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-148	A. BUILDING: _____ B. WING _____	02/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTORATIONS	2211 ROGERS STREET BURLINGTON, NC 27217

(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 survey was completed on 2/14/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 2 current clients.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for two of two clients (#1 and #2) who received psychotropic drugs. The findings are: a. Review on 2/11/22 of client #1's record revealed:	V 121		

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V 121	Continued From page 1 -Admission date of 2/18/21. -Diagnoses of Mild Intellectual and Developmental Disability, Autism, Post Traumatic Stress Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Enuresis, Obesity, Seasonal Allergies, Night Terrors, Insomnia and Chromosomal Abnormality Deletion Syndrome. Review of physician's orders on 2/11/22 revealed: -Order dated 5/6/21 for Aripiprazole 20 mg (milligram), one tablet daily. Review of the Medication Administration Record (MAR) on 2/11/22 revealed: -February 2022-Staff documented client #1 was administered the above medication 2/1 thru 2/10. Review of facility records on 2/11/22 revealed: -There was no evidence of a six month psychotropic drug review for client #1. b. Review on 2/11/22 of client #2's record revealed: -Admission date of 7/29/19. -Diagnoses of Autism Spectrum Disorder, Intermittent Explosive Disorder Bipolar Disorder-Unspecified and Mild Intellectual and Developmental Disability. Review of physician's orders on 2/11/22 revealed: -Order dated 2/10/22 for Desvenlafaxine 50 mg, one tablet in the morning; Klonopin 0.5 mg, one tablet twice daily and Desvenlafaxine 100 mg, one tablet every morning. -Order dated 4/27/21 for Risperdal 0.5 mg, one tablet three times daily. Review of the MAR on 2/11/22 revealed: -February 2022-Staff documented client #2 was administered the above medications 2/1 thru	V 121		

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V 121	Continued From page 2 2/10. Review of facility records on 2/11/22 revealed: -There was no evidence of a six month psychotropic drug review for client #2. Interview on 2/11/22 with the Director revealed: -The clients had their psychotropic medications reviewed when they visited their physicians. -They normally don't have the physician document the psychotropic medication reviews. -The pharmacist used to do the psychotropic medication review for the clients. -She confirmed the six months psychotropic drug review was not completed for clients #1 and #2.	V 121		