PRINTED: 02/15/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED	
					R		
MHL0601376		B. WING		02/1	1/2022		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
THE NEW	THE NEWBILL HOME 11933 WATERPERRY COURT						
	-	HUNTERS	VILLE, NC 280	078			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow-up survey was completed on 2/11/22. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
V 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	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						

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
MHL0601376		B. WING	B WING		
					02/11/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
THE NEW	BILL HOME		ATERPERRY COUR		
			SVILLE, NC 28078		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
V 118	Continued From page	÷ 1	V 118		
	interviews, the facility medications administ written order of a persprescribe drugs, a MA to each client was kel administered were re	iew, observations and			
	record revealed: -admission date of 4/ -diagnoses of Intelled Disability(IDD)-Seven Hyperactivity Disorde Epilepsy by Hx, Mild Fine Motor Functionin Decreased Muscle To-physicians' orders damedications: sertralin tablet in the am for m tablet at bed for sleep twice daily for mood aphysician's order dat Children's Gummies of physicians' orders damedications: cetirizing allergies and Flonase one spray in each not	tual Developmental e, Attention Deficit r(ADHD) by History(Hx), Diabetes, Speech Disorder, ng Deficits by Hx and one and Gait by Hx; ated 9/1/21 for the following e 25mg(milligram) one ood, trazadone 50mg one o, Haldol 0.5mg one tablet			

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STATE FORM 6899 L4UD11 If continuation sheet 2 of 5

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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	
			A. BOILDING.			
MHL0601376		B. WING		R 02/11/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE NEW	BILL HOME	11933 WA	TERPERRY CO	URT		
		HUNTERS	SVILLE, NC 280	78		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	2	V 118			
	pamoate 75mg one tablet at bed for depression.					
	pamoate 75mg one tablet at bed for depression. Observation on 2/10/22 at 3:31pm of client #1's medications revealed: -sertraline 25mg(milligram) one tablet in the am dispensed 1/31/22; -trazadone 50mg one tablet at bed dispensed 1/31/22; -Haldol 0.5mg one tablet twice daily dispensed 1/31/22; -multivitamin Children's Gummies one a day over the counter(OTC) with expiration date of 10/2022; -cetirizine 10mg one tablet at bed for allergies dispensed 1/31/22; -Flonase 50mcg(microgram) instill one spray in each nostril once a day; -impirimine pamoate 75mg one tablet at bed for depression dispensed 1/31/22. Review on 2/9/22 and 2/10/22 of client #1's MARs for 12/2021, 1/2022 and 2/2022 revealed the date of 12/31/21 was not listed on the MAR and no documentation of administration for the above					
	record revealed: -admission date of 11 -diagnoses of IDD-Mo Traumatic Stress Disc -physicians' orders da medications: cetirizing bed for allergies, more bed for allergies and at bed for anxiety; -physicians' orders da	oderate, ADHD and Post				

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PTSD, aripiprazole 15mg one tablet at bed for bipolar disorder/depression and divalproex

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	,
MHL0601376		B. WING		02/11/2022		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
THE NEW	BILL HOME		ATERPERRY CO			
		HUNTERS	SVILLE, NC 280	078		
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	JLD BE COMPLETE	
V 118	Continued From page	e 3	V 118			
	sodium 500mg one ta	ablet twice daily for seizures;				
	-physician's order dat					
	before bedtime for be	e 0.2mg 2-3 tablets one hour				
	-physicians' orders da					
		one tablet twice daily for				
	•	40mg one tablet twice daily				
	for ADHD;	ted 4/7/21 for triamcinolone				
		oply twice daily for eczema;				
		ted 2/3/22 for Adderall 15mg				
	one tablet in the am fo	or ADHD;				
		ted 2/1/22 for Loratadine				
	10mg one tablet at be	ed for allergies; d discontinue orders present				
	in the record.	7 discontinue orders present				
	Observations on 2/10 medications revealed)/22 at 3:10pm of client #2's l:				
		nilliliter) 5ml at bed not on				
	-montelukast 10mg or 1/10/22;	ne tablet at bed dispensed				
	-Clonidine 0.1mg one 1/13/22;	e tablet at bed dispensed				
	, .	blet at bed not on site; ne tablet at bed dispensed				
	-	00mg one tablet twice daily				
	I	te 0.2mg 2-3 tablets one				
	hour before bedtime of					
	i -amantandine 100mg	one tablet twice daily				l

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1/13/22;

dispensed 1/13/22;

-Vyvanse 40mg one tablet twice daily not on site; -triamcinolone acetone 1% cream apply twice

-Adderall 15mg one tablet in the am dispensed

-Loratadine 10mg one tablet at bed dispensed

daily with expiration date of 4/2023;

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
MHL0601376		B. WING		R 02/11/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
THE NEW	BILL HOME	11933 WA	TERPERRY CO	URT		
1112 11244	DIEE NOME	HUNTER	SVILLE, NC 280	78		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	e 4	V 118			
	2/1/22.					
	Review on 2/9/22 and	d 2/10/22 of client #2's				
	1	/2022 and 2/2022 revealed:				
	_	2/31/21 was not listed on the entation of administration for				
	the following medicat					
	5mg/5ml(milliliter) 5ml at bed, montelukast 10mg one tablet at bed, prazosin 5mg one tablet at bed aripiprazole 15mg one tablet at bed, divalproex sodium 500mg one tablet twice daily, desmopressin acetate 0.2mg 2-3 tablets one hour before bedtime and amantandine 100mg one					
	tablet twice;	inantandine roomg one				
		ne 1% cream apply twice				
	daily not listed on the	12/2022 MAR; sted on the 2/2022 MAR as				
	"D/C(discontinue)";	ord off the E/EOEE Will the do				
		on 2/2022, 1/2022 and /C" last documented as				
	administered on 12/1					
	-Vyvanse 40mg one t	ablet in the am listed on the				
	1/2022 and 2022 MA documented as admi					
	documented as admin	nistered on 1/13/22.				
		with staff #1 revealed:				
	-do not have the discomedications;	ontinue orders for the				
		ers and the MARS to the				
	office.					
	Interview on 2/10/22	with the Qualified				
	Professional(QP) rev	ealed:				
	-doctor doing virtual v					
		in the medication orders;				
	the doctor to sign the	doctor's office to try to get form:				
		on orders are obtained.				

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