	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DPLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			7. SSILSING.		R	
		MHL0601376	B. WING		02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
THE NEW	11933 WATERPERRY COURT					
THE NEW	BILL HOME	HUNTER	SVILLE, NC 28	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 APPROPE DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS An annual and follow- on 2/11/22. A deficien	up survey was completed	V 000	Care Provider was asked an completed Medication Admir Training on 2/21/22.		
	category: 10A NCAC Living for Alternative I	, ,		This Training will ensure that the care provider will follow all the medication admin. requirements necessary for the consumer to receive the		
V 118	27G .0209 (C) Medica 10A NCAC 27G .0209 REQUIREMENTS	•	V 118	consumer to receive the correct medication at the cortime and on the correct day.	rect	
	(c) Medication admini (1) Prescription or nor only be administered order of a person auth drugs. (2) Medications shall clients only when auth client's physician. (3) Medications, inclu- administered only by unlicensed persons tr pharmacist or other le privileged to prepare a (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, an (C) instructions for ad (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, lingally qualified person and land administer medications. Inistration Record (MAR) of late to each client must be kept ladministered shall be lafter administration. The following:		The QP will continue to month to ensure these requirements met each and every day.		

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
	R
MHL0601376 B. WING	02/11/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
THE NEW PILL HOME	
THE NEWBILL HOME HUNTERSVILLE, NC 28078	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PL	AN OF CORRECTION (X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION PREFIX)	VE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE
, , , , , , , , , , , , , , , , , , , ,	FICIENCY)
V 118 Continued From page 1	
This Rule is not met as evidenced by:	
Based on records review, observations and	
interviews, the facility failed to ensure medications administered to a client on the	
written order of a person authorized by law to	
prescribe drugs, a MAR of all drugs administered	
to each client was kept current and medications	
administered were recorded immediately after	
administration affecting 2 of 2 clients(#1, #2). The	
findings are:	
Finding #1:	
Review on 2/9/22 and 2/10/22 of client #1's	
record revealed:	
-admission date of 4/11/19;	
-diagnoses of Intellectual Developmental	
Disability(IDD)-Severe, Attention Deficit Hyperactivity Disorder(ADHD) by History(Hx),	
Epilepsy by Hx, Mild Diabetes, Speech Disorder,	
Fine Motor Functioning Deficits by Hx and	
Decreased Muscle Tone and Gait by Hx;	
-physicians' orders dated 9/1/21 for the following	
medications: sertraline 25mg(milligram) one	
tablet in the am for mood, trazadone 50mg one	
tablet at bed for sleep, Haldol 0.5mg one tablet	
twice daily for mood and behaviors;	
-physician's order dated 9/14/21 for multivitamin	
Children's Gummies one a day for supplement;	
-physicians' orders dated 7/6/21 for the following	
medications: cetirizine 10mg one tablet at bed for	
allergies and Flonase 50mcg(microgram) instill one spray in each nostril once a day for allergies;	
-physician's order dated 7/18/21 for impirimine	

Division of Health Service Regulation

STATE FORM 6899 L4UD11 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		MHL0601376	B. WING		02	2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE		
			ATERPERRY COUR			
THE NEW	BILL HOME		RSVILLE, NC 28078			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 118	Continued From page	2	V 118			
	pamoate 75mg one ta	ablet at bed for depression.				
	medications revealed -sertraline 25mg(milliq dispensed 1/31/22;	22 at 3:31pm of client #1's : gram) one tablet in the am tablet at bed dispensed				
	-Haldol 0.5mg one tal 1/31/22;	blet twice daily dispensed				
	the counter(OTC) witl	n's Gummies one a day over the expiration date of 10/2022; tablet at bed for allergies				
	each nostril once a da	• •				
	-impirimine pamoate depression dispensed	75mg one tablet at bed for d 1/31/22.				
	for 12/2021, 1/2022 a of 12/31/21 was not li	d 2/10/22 of client #1's MARs and 2/2022 revealed the date sted on the MAR and no ministration for the above				
	Finding #2: Review on 2/9/22 and record revealed: -admission date of 11	d 2/10/22 of client #2's				
	-diagnoses of IDD-Mo Traumatic Stress Disc	oderate, ADHD and Post order(PTSD);				
	medications: cetirizing bed for allergies, mor bed for allergies and	ated 6/21/21 for the following e 5mg/5ml(milliliter) 5ml at htelukast 10mg one tablet at Clonidine 0.1mg one tablet				
	medications: prazosir	ated 9/7/21 for the following n 5mg one tablet at bed for 5mg one tablet at bed for				
		ession and divalproex				

Division of Health Service Regulation

STATE FORM 6899 L4UD11 If continuation sheet 3 of 5

Division	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
				_	
		D WING		R	
		MHL0601376	B. WING		02/11/2022
NAME OF D	ROVIDER OR SUPPLIER	STDEET AF	DRESS, CITY, STA	TE ZID CODE	
NAIVIE OF FI	NOVIDER OR SUFFLIER				
THE NEW	BILL HOME	11933 WA	TERPERRY CO	URT	
	J.11 J	HUNTER	SVILLE, NC 280	078	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
V 118	Continued From page	3	V 118		
V 110	Continued i Tom page	= 0	V 110		
	sodium 500mg one ta	ablet twice daily for seizures;			
	-physician's order dat				
	• •	e 0.2mg 2-3 tablets one hour			
	before bedtime for be				
	-physicians' orders da	•			
		one tablet twice daily for			
	•	40mg one tablet twice daily			
		40mg one tablet twice daily			
	for ADHD;	1 1 4 7 104 5 1 :			
		ted 4/7/21 for triamcinolone			
	acetone 1% cream apply twice daily for eczema; -physician's order dated 2/3/22 for Adderall 15mg one tablet in the am for ADHD; -physician's order dated 2/1/22 for Loratadine 10mg one tablet at bed for allergies; -there were no signed discontinue orders present				
	in the record.				
	Observations on 2/10	1/22 at 3:10pm of client #2's			
	medications revealed				
		nilliliter) 5ml at bed not on			
	site;				
	,	ne tablet at bed dispensed			
	1/10/22;	ne tablet at bed dispensed			
	,	tablet at bed dispensed			
	•	tablet at bed dispensed			
	1/13/22;	blat at bad wat an aita.			
		blet at bed not on site;			
		ne tablet at bed dispensed			
	1/31/22;				
	•	00mg one tablet twice daily			
	dispensed 1/13/22;				
		te 0.2mg 2-3 tablets one			
	hour before bedtime of	·			
	-amantandine 100mg	one tablet twice daily			
	dispensed 1/13/22;	-			
		ablet twice daily not on site;			
		ne 1% cream apply twice			
	daily with expiration d				
	-	ablet in the am dispensed			
		asiot in the am dispensed			
	1/13/22;	az.e. iii aio aiii alopoilood			

Division of Health Service Regulation

-Loratadine 10mg one tablet at bed dispensed

STATE FORM 6899 L4UD11 If continuation sheet 4 of 5

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		MHL0601376	B. WING		R 02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		11933 W	ATERPERRY CO	URT		
THE NEW	BILL HOME	HUNTER	SVILLE, NC 280	78		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	2 4	V 118			
	2/1/22.					
	MARS for 12/2021, 1, -the dosing date of 12 MARs and no docume the following medication 5mg/5ml(milliliter) 5m one tablet at bed, praspiprazole 15mg one sodium 500mg one tadesmopressin acetate before bedtime and a tablet twice; -triamcinolone aceton daily not listed on the -cetirizine 5mg/5ml listed on the -cetirizine 5mg/5ml listed on 12/2021 MARs as "D/administered on 12/14-Vyvanse 40mg one to 1/2022 and 2022 MAI documented as administeries on 2/10/22 and not have the discontinue of 1/20/20 and 1/20/20	I at bed, montelukast 10mg zosin 5mg one tablet at bed e tablet at bed, divalproex ablet twice daily, e 0.2mg 2-3 tablets one hour mantandine 100mg one If a cream apply twice 12/2022 MAR; sted on the 2/2022 MAR as on 2/2022, 1/2022 and I/C" last documented as 4/21; ablet in the am listed on the Rs as "D/C" last nistered on 1/13/22.				
	medications; -send medication order	ers and the MARS to the				
	office. Interview on 2/10/22 v	with the Qualified				
	Professional(QP) revo	risits with clients;				
		n the medication orders; doctor's office to try to get form;				
		on orders are obtained.				

STATE FORM 6899 L4UD11 If continuation sheet 5 of 5