AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 03/25/2022		
			OSS LANE			
MOSS L	ANE II	NEW LO	NDON, NC 28	127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey w 2022. Deficiencies	as completed on March 25, were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
	This facility has a current census of 3. The survey sample consisted of audits of 3 current clients.		/			
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when at client's physician. (3) Medications, includent administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administered current. Medication recorded immediate MAR is to include the second sec	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse legally qualified person and e and administer medications liministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				
	(C) instructions for(D) date and time th(E) name or initialsdrug.	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-100		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL084-100	B. WING		03/25/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
MOSS L	ANE II		OSS LANE NDON, NC 28	127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pa	ige 1	V 118			
		orded and kept with the MAR appointment or consultation				
	interview the facility medication was ava physician order for (#1, #2 and #3); ar physician orders for	et as evidenced by: eviews, observations, and r failed to: A) Ensure ailable according to the three of three audited clients and B) to have updated r administered medications ee audited clients (#1 and #2.)				
	-Admission date of -Diagnoses of Inter Developmental Dis	mittent Explosive Disorder; order of Speech and ified; Severe Intellectual	:			
	orders revealed: -There were no ord	of Client #1's physician's lers on file for: 0 mg, take one tablet in the				
	medication reveale -There was a bubbl	5/22 at 11:00 am of Client #1's d: le package with a dispensing aining Quetiapine 200 mg.				
	Review on 3/25/22 2022 through Marc ealth Service Regulation	of Client #1's MAR for January h 2022 revealed:	/			

STATE FORM

SPIQ11

If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL084-100	B. WING		03/	03/25/2022
	PROVIDER OR SUPPLIER		DDRESS, CITY, STA	00/		
MOSS L/	ANE II			07		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From pa	ge 2	V 118			
	-Medication had be January 2022 Thou	en marked as given from gh March 10, 2022.				
	Review on 3/25/22 of Client #2's record revealed: -Admission date 7/20/18. -Diagnosis of Seizure Disorder; Hypothyroidism, Unspecified; Disruptive Mood Dysregulation Disorder; Mild Intellectual Disabilities; Anxiety Disorder; Bipolar Disorder, unspecified; Major Depressive Disorder, single episode, moderate; Vitamin D3 deficiency; Oppositional Defiant Disorder; Intermittent Explosive Disorder; Osteopenia.					
	revealed: -Orders dated 7/5/2 -Pro Air Aeroso times daily as need -Alyacen 1/35, 1 -There were no ord -Duloxetine 60 morning.	l Inhaler; inhale 1 puffs four ed. take one tablet once a day.				
	medications reveale -Pro Air Aerosol Inh available with a disp was no other bottles -There were no Alya -There was one but Duloxetine 60 mg a of 3/3/22. -There was one bot	aler; there was one bottle pense date of 12/31/19. There s available.				
		of Client #2's MARs for gh March 2022 revealed:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		MHL084-100	B. WING		03/	25/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ANE II		OSS LANE NDON, NC 28	127		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ge 3	V 118			
	 Pro Air Aerosol was not needed and not marked as given from January 2022 through March 2022. Alyacen was marked as given from January 1, 2022 through March 16, 2022. Duloxetine was marked as given from January through March 25, 2022. Fluticasone was marked as given from January 24, 2022 through March 25, 2022. Review on 3/25/22 of Client #3's record revealed: Admission date of 3/1/21. Diagnoses of Moderate Intellectual Disability; Thrombocytopenia; Type 2 Diabetes Mellitus with Hyperglycemia; Hyperlipidemia; Essential Primary Hypertension; History of Traumatic Brain Disorder; Epilepsy, Unspecified, Intractable, Without Status Epilepticus; Bunion of Unspecified Foot; Pain in Leg, unspecified; Age related Nuclear Cataract, Right Eye; Dementia in Other Disease Classified Elsewhere with behavioral Disturbance. 		y			
	dated 10/28/21 reve	of Client #3's physician order ealed: ke one tablet at bedtime as				
	medications revealed	5/21 at 11:30 am of Client #3's ed: latonin 5 mg available.	3			
	Interview on 3/25/22 Professional reveal -Regarding medicin house:					
	were at the house. -Client #2 recer	ke sure the right medications htly threw away her birth aving a behavior incident.				

STATE FORM

SPIQ11

If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-100				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		B. WING		03/2	03/25/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
NOSS L	ANE II		OSS LANE NDON, NC 28 [°]	127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 4	V 118			
	 -Facility would ensure that medication is not disposed by client in the future. -She also had reordered a new Inhaler for Client #2 and threw away the old bottle. -Client #2 had not used her old inhaler in a while. -Regarding missing physician scripts: -Nurse was in charge of making sure all scripts were on record. -She would follow-up with the nurse about the scripts. -She acknowledged that the facility failed to ensure medication was available according to the physician order for three of three audited clients (#1, #2 and #3); -She acknowledged the facility failed to have updated physician orders for administered medications affecting two of three audited clients (#1 and #2.) 					
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati failed to ensure fac	d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

SPIQ11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-100		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL084-100	B. WING		03/	25/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
NOSS L	ANE II		OSS LANE NDON, NC 28	127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ge 5	V 736			
	room revealed: -Unfinished patcheo front door. -Unfinished patcheo medicine closet. Observation on 3/28 Outside of the home -There was a storm resting on the guard -There were expose frame of front door be. Interview on 3/25/22 Professional reveale -Agency was respond for the home. -She was aware of -Work orders had a -She confirmed the	door laying on its side and drails of the front deck. ed screws on the hinges from where old storm door used to 2 with the Qualified ed: nsible for doing maintenance items that needed to be fixed. Iready been submitted. facility failed to ensure facility tained in a safe, clean,				

SPIQ11