Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFINENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF COFFECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL025-221 B. WING R NAME OF PROVIDER OR SUPPLIER 03/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE **BLESSED HAVEN** 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on March 10, 2022. Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 112 27G .0205 (C-D) V 112 Assessment/Treatment/Habilitation Plan **DHSR** - Mental Health 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN MAR 28 2022 (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days Lic. & Cert. Section of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies: (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FF rr -11 w Irr so	the treatment/habilitarial the treatment/habilitarial the treatment/habilitarial the treatment/habilitarial the treatment/habilitarial to depart and #3) and to destrategies based on a clients (#3). The finding Reviews on 3/09/22 are ecord revealed: 32 year old male admaly and #3/31/13. Diagnoses included Avith language impairment language impairment language impairment language impairment ellectual/Development evere/profound, and #3/20 and evereivices (DSS) was his landividual Support Plauardian signature.	ews and interview the facility of consent or agreement for tion or service plan by the erson for 3 of 3 clients (#1, velop and implement ssessment affecting 1 of 3 ngs are: and 3/10/22 of client #1's mitted to the facility entail Disability, affective Mood Disorder. and Department of Social and consents of Social and				
- 5 - Di typ Ch - C	cord revealed: 7 year old male admi Diagnoses included In sability, mild, Schizoa De, Hypertension, Sei aronic Obstructive Pul Client #2's mother was	tted 2/09/09. tellectual/Developmental ffective Disorder, bi-polar zure Disorder, and				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL025-221 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BLESSED HAVEN** 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION PREFIX (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 112 Continued From page 2 The Management Company has reviewed V 112 03-22-2022 Reviews on 3/09/22 and 3/10/22 of client #3's the notebooks that were left in the home for record revealed: the Provider - 31 year old female admitted 9/16/17. - Diagnoses included Intellectual/Developmental The Management Company has resubmitted Disability, moderate, Other Specified the ISPs along with the signature pages that Schizophrenia, Other Psychotic Disorder, and include the following information as listed Sickle Cell Anemia. in #'s (1) through (6). - Client #3's home county DSS was her guardian. - Individual Support Plan dated 4/01/21 and The ISP and the SRG plan do include the updated 9/19/21 with no guardian signature. - The Individual Support Plan did not include a "Unable to sign due to COVID-19" as goal or strategies to address client #3's behavior Appendix K has authorized since March of of changing clothing throughout the day. 2020. During interviews on 3/09/22 and 3/10/22 the That information was shared with the Owner/Licensee stated: Provider. A copy of the information has - Client #3 would constantly change her clothes if been printed and shared with the provider not closely monitored; her access to her clothing and included with this POC to confirm that was limited, she could ask staff and they would the Appendix K flexibilities have been assist her with the clothes in her closet. extended until 06/30/2022 by the state of - She changed management companies in September 2021. NC. - The new management company had never worked with a group home licensed for The QP will review the notebook and look Supervised Living. in section 5 at each monitoring session to - She knew there were no guardian signatures on ensure that the ISP and SRGs are filed in the plans. that section along with the signature pages. - She offered to get the guardians' signatures on the plans, but the Qualified Professional told her it During monitoring sessions, the QP will was okay to put the statement "Unable to sign review with the provider the contents of due to COVID-19" on the plans. what is to be in each section of the - "I didn't feel good about it." - She maintained contact with the guardians and notebook and answer any questions that the would get signatures on the plans. provider may have at the session. V 113 27G .0206 Client Records V 113 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL025-221 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLESSED HAVEN 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 113 | Continued From page 3 V 113 individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number: (C) date of birth: (D) race, gender and marital status; (E) admission date; (F) discharge date: (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment: (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician: (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders: (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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# F F F F F F F F F F F F F F F F F F F	This Rule is not met Based on record rev failed to maintain a c clients (#1, #2, and # Reviews on 3/09/22 facility record reveale - 32 year old male ac 12/31/13. - His home county De DSS) was his Guardi - Diagnoses included with language impair Intellectual/Developm severe/profound, and - Consent forms, included consent forms, included action of the consent forms	as evidenced by: lew and interview the facility complete record for 3 of 3 displayed and 3/1/22 of client #1's ed: limitted to the facility epartment of Social Services an. Autism Spectrum Disorder ment, hental Disability, Affective Mood Disorder. Juding consent for treatment electronically Professional (QP) and did the statement "Unable to " on the guardian signature at to seek emergency care and 3/10/22 of client #2's di: hitted 2/09/09. Guardian. Intellectual/Developmental paffective Disorder, bi-polar elizure Disorder, and		The Management Company has reviewed the notebook. The present consents that are in notebooks include signatures, "Unable to si COVID-19". The consents are valid based on Appendix Inflexibilities. A copy of that information is it confirming that the Appendix is approved the 106-30-2022. The consents and information in sections I, of the notebook cover the requests of 1-8 of V113. The QP will monitor the sections listed above monthly visits to determine if the information be updated. The Management Company has contacted the and requested Physician orders and the Pharman request prescriptions in to ensure that the pill and Physician Orders are an identical match. The information will be updated on the MAR the RN for the Managing Company will review on rotation weekly to ensure that the document match and that the Provider has the current prescription and Physician Orders to document MARs. The Provider will create a notebook to punch the prescriptions as received from the pharman file all prescriptions chronologically to maintact current prescriptions. During monitoring sessions, the QP will review the provider the contents of what is to be in easection of the notebook and answer any questif the provider may have at the session.	the gn due to K ncluded nrough 2, and 4 section re during n should e PCP nacy to packs as and ew meds nts nt holes in cy and ain	

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V 113	Continued From page	ge 5	V 113			
	signed by his Guard - No emergency info					
	record revealed: - 31 year old female - Her home county D - Diagnoses included Disability, moderate, Schizophrenia, Othe Sickle Cell Anemia Consent forms, incemergency care and signed by a Qualified dated 9/17/21 includes ign due to COVID-1 line No Guardian conse and treatment.	OSS was her Guardian. d Intellectual/Developmental , Other Specified er Psychotic Disorder, and				
	stated: - She contracted with company in Septembe. The management of with a licensed group. She knew the Guard equired on the consequired on the consequired for the get the "I told her (the QP) and she said it was obstatement on them. I	a new management er 2021. company had never worked home before. dians' signatures were ents and asked the QP about				

Division of Health Service Regulation

V 114 27G .0207 Emergency Plans and Supplies

10A NCAC 27G .0207 EMERGENCY PLANS

V 114

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL025-221 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE **BLESSED HAVEN** NEW BERN, NC 28562 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 114 Continued From page 6 The Managing Company reviewed the notebooks. V 114 03-22-2022 The Emergency Disaster Plan has been placed in the AND SUPPLIES notebook for each member. This will give the (a) A written fire plan for each facility and Provider easy access. This plan will be updated area-wide disaster plan shall be developed and annually. shall be approved by the appropriate local The Fire/Disaster Drills are located in back flap of the authority. notebook. These drills will be completed monthly by (b) The plan shall be made available to all staff the Provider and/or staff on shift. Also, other drills and evacuation procedures and routes shall be will be completed so that drills other than Fire Drills posted in the facility. are reviewed as well (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be Drills are to be submitted monthly by the 5th of the repeated for each shift. Drills shall be conducted month for the previous month. under conditions that simulate fire emergencies. 04-10-(d) Each facility shall have basic first aid supplies The Agency Consultant will review the Disaster drills with the Provider and staff to ensure that they know 2022 accessible for use. where the drills are and how to complete the drills. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Reviews on 3/09/22 and 3/10/22 of the facility's fire and disaster drill records revealed no documented fire or disaster drills for September 2021 through March 2022. During interviews on 3/09/22 the Owner/Licensee - Fire and disaster drills were completed monthly. - Drills were conducted on all shifts as required. - She contracted with a new management company in September 2021. - She sent fire and disaster drill documentation to the management company when the drills were - They could not find documentation of any fire or

disaster drills from September to present.

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in the second of	- She would maintai documentation at the 27G .0209 (A) Medication at the 27G .020 REQUIREMENTS (a) Medications shall written order of a phylicensed to prescribe (2) Dispensing shall lipharmacists, physicial pharmacists, physicial practitioners authorize with the North Carolin permit to operate a phonysician or other design physician or other headispensing so long as and its contents are paperoved by the authorispensing. 3) Methadone For taken physician or other headispensing. 3) Methadone For taken physician or other headispensing. 3) Methadone For taken physician or other headispensing. 3) Methadone For taken physician or other headispensing of the purpose of dispensing of SUPPLYING OF REATMENT PROGRESION of the purpose of dispension of the purpose of dispension of Pharmacy. Programacist and obtain pard of Pharmacy.	n a copies of drill e facility going forward. Pation Requirements Pation Requirement Pation Requirements Pation Requireme	V 114	DEFICIENCY		
lal Ru	amples shall be dispe	ription drug samples. ensed, packaged, and with state law and this				

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	failed to assure that was restricted to perso, affecting 1 of 3 cl. Reviews on 3/09/22 arecord revealed: - 32 year old male ad 12/31/13 Diagnoses included with language impair Intellectual/Developm severe/profound, and - Signed physician's clorazepam (sedative) daily. Observation on 3/09/2 am and 3/10/22 at apclient #1's lorazepam card of lorazepam 1 ndispensed by the phabubbles cut off of the During interview on 3/stated she would cut plorazepam bubble card to client #1's "commuradminister at the day garden."	iew and interview the facility dispensing of medications sons authorized by law to do ients (#3). The findings are: and 3/1/22 of client #1's lmitted to the facility Autism Spectrum Disorder ment, hental Disability, Affective Mood Disorder. Order dated 1/25/22 for 1 mg 1 tablet three times 22 at approximately 11:20 proximately 11:25 am of on hand revealed:a bubble high 1 tablet four times daily, rmacy 2/07/22 with 5 pill lower right side of the card. In 10/22 the Owner/Licensee will bubbles off client #1's diend give the medication hity networking" staff to orogram. She would speak but dispensing lorazepam	V 116	Medications will be administered by the da frequency as ordered by the PCP. If members need to receive meds at another that facility will be responsible for obtaining orders and the medication. Medication will be monitored on a weekly resure accuracy and an identical match acrost the pill pack to the physician's order. Provider and staff will receive MANDATOR of Med Admin. Training.	facility g the med rotation to sss from	04-10-2022

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Division of Health Service Regulation

STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY
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V 118	Continued From pag	ge 9	V 118			
V 118	27G .0209 (C) Media	cation Requirements	V 118			
(((((((((((((((((((order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluad ministered only by unlicensed persons transmacist or other leprivileged to prepare a client. Medication Admirall drugs administered current. Medications are corded immediately MAR is to include the A) client's name; (B) name, strength, are C) instructions for admirate and time the E) name or initials of lrug. (5) Client requests for hecks shall be recorded.	nistration: on-prescription drugs shall to a client on the written shorized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. nistration Record (MAR) of to each client must be kept administered shall be after administration. The following:				

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MND PLAN OF CORRECTION MND PLAN OF CORRECTION MHL025-221 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERRY, NC 28562 SUMMARY STATEMENT OF DEFICIENCES FROM DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR IS CIDENTIFYING INFORMATION) V118 Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interview the facility falled to keep MARs current and to administer medications as ordered by a physician for 3 of 3 clients (#1, #2, and #3). The findings are: Reviews on 3/09/22 and 3/10/22 of client #1's record revealed: - 32 year old male admitted to the facility 12/3/17/3. - Diagnoses included Autism Spectrum Disorder with language impairment, intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder. - Signed and dated physician's orders for medications included: 1/25/22 - Iorazepam (sedative) 1 milligram (mg) take one tablet every 4 hours daily: 7:30, 11:30 15:30 (3:30 pm) 1/05/22 - quetiapine (antipsychotic) 100 mg 1 tablet twice daily 7:30 am and 3:30 pm - impramine (antibepressant) 25 mg 1 tablet three times daily - guandacine (freats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily 7:1/3/2/1 - levothyroxine (treats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily 7:00/6/2/1 - quetiapine 300 mg 1 tablet at bedtime 7:30 pm 9/14/2/1 - vitamin D3 (treats vitamin D deficiency) 2000 units 1 capsule daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily - oxcarbazepine (anti-convulsant) 600 mg 1 tablet ablet daily - oxcarbazepin	STATEM	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILLT	IDLE CONSTRUCTION	I	
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MML 025-221 MML OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 INCA ID PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLUL REGULATION TO EST DEFICIENCIES) PRETIX TAG VI18 Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to keep MARS current and to administer medications as ordered by a physician for 3 of 3 clients (#1, #2, and #3). The findings are: Reviews on 3/09/22 and 3/10/22 of client #1's record reviews and sinctived to the facility 12/31/13. Diagnoses included Autism Spectrum Disorder with language impairment, intellectual/Developmental Disability, severely foround, and Affective Mood Disorder. Signed and dated physician's orders for medications included: 1/26/22 - lorazepam (sedative) 1 milligram (mg) take one tablet every 4 hours daily: 7:30, 11:30 15:30 (3:30 pm) 1/05/22 - quetiapine (antipsychotic) 100 mg 1 tablet twice daily 7:30 am and 3:30 pm - imipramine (antidepressant) 25 mg 1 tablet three times daily - guarfacine (reats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily 12/13/2/1 - levortyroxine (treats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily 1-20-20-20-20-20-20-20-20-20-20-20-20-20-				A. BUILDIN	IG:	COM	PLETED
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with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder Signed and dated physician's orders for medications included: 1/25/22 - Iorazepam (sedative) 1 milligram (mg) take one tablet every 4 hours daily: 7:30, 11:30 15:30 (3:30 pm) 1/05/22 - quetiapine (antipsychotic) 100 mg 1 tablet twice daily 7:30 am and 3:30 pm - imipramine (antidepressant) 25 mg 1 tablet three times daily - guanfacine (treats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily 12/13/21 - levothyroxine (treats hypothyroidism) 112 mcg (micrograms) 1 tablet daily 10/05/21 - quetiapine 300 mg 1 tablet at bedtime 7:30 pm 9/14/21 - vitamin D3 (treats vitamin D deficiency) 2000 units 1 capsule daily - rosuvastatin (treats high cholesterol) 10 mg 1 tablet daily - oxcarbazepine (anti-convulsant) 600 mg 1							
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severe/profound, and Affective Mood Disorder Signed and dated physician's orders for medications included: 1/25/22 - lorazepam (sedative) 1 milligram (mg) take one tablet every 4 hours daily: 7:30, 11:30 15:30 (3:30 pm) 1/05/22 - quetiapine (antipsychotic) 100 mg 1 tablet twice daily 7:30 am and 3:30 pm - imipramine (antidepressant) 25 mg 1 tablet three times daily - guanfacine (treats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily 12/13/21 - levothyroxine (treats hypothyroidism) 112 mcg (micrograms) 1 tablet daily 10/05/21 - quetiapine 300 mg 1 tablet at bedtime 7:30 pm 9/14/21 - vitamin D3 (treats vitamin D deficiency) 2000 units 1 capsule daily - rosuvastatin (treats high cholesterol) 10 mg 1 tablet daily - oxcarbazepine (anti-convulsant) 600 mg 1		with language impair	rment,		Policy and Orientation, again.	1	0.000,000 0.000,000
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Division	n of Health Service Re	egulation): 03/15/2022 APPROVED
STATEME	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION IG:		SURVEY PLETED
		MHL025-221	B. WING			R 10/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AT	DRESS, CITY,	, STATE, ZIP CODE		
BLESSE	ED HAVEN		MOUTH DR RN, NC 285			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLETE DATE
V 118	Continued From pag	ge 11	V 118			
	17 grams in 8 ounce - No signed physicia Ointment 2% (treats Observation on 3/09 am of client #1's med - quetiapine 100 mg dispensed 1/10/22 quetiapine 300 mg dispensed 3/07/22 vitamin D3 2000 un dispensed 2/07/22 lorazepam 1 mg 1 t dispensed 2/07/22 levothyroxine 112 m 2/07/22 rosuvastatin 10 mg 3/07/22 imipramine 25 mg 1 dispensed 2/07/22 guanfacine 1 mg 1 t 3/07/22 oxcarbazepine 600 daily, dispensed 2/07 - PEG 3350 mix 17 gi	2/22 at approximately 11:20 edications on hand revealed: 1 tablet twice daily, 1 tablet at bedtime, nits 1 capsule daily, tablet three times daily, mcg 1 tablet daily, dispensed 1 tablet daily, dispensed 1 tablet three times daily, tablet twice daily, dispensed 1 tablet three times daily, tablet twice daily, dispensed mg 1 tablet three times daily, dispensed mg 1 tablet three times daily, dispensed mg 1 tablet three times				

Review on 3/10/22 of client #1's MARs for December 9, 2021 - March 9, 2022 provided by the facility's management company revealed:

- Transcriptions included:

- quetiapine 100 mg 1 tablet twice daily at 7:30 pm and 3:30 pm; documented as administered at 7:30 am; no documentation of administration at 3:30 pm.
- quetiapine 200 mg 1 tablet at 7:30 pm; no transcription for quetiapine 300 mg 1 tablet at
- vitamin D3 2000 units, no documentation of

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 03/10/2022 MHL025-221 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1025 PLYMOUTH DRIVE BLESSED HAVEN NEW BERN, NC 28562 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 12 V 118 administration. - lorazepam "0.5 mg tablet take 1 tablet by mouth 3 times a day, 8am, 4pm, and 8 pm;" no documentation of administration at 8:00 pm; the MARs for the 11:30 am dose include the transcription "Lorazepam 4 times a day" with no dosing information; documented as administered by the Owner/Licensee Monday - Friday. - levothyroxine "125 mcg tab (tablet) take 1 tablet by mouth in the morning 1 hour before eating or 2 hours of eating on an empty stomach 8am;" no documentation of administration. - rosuvastatin 10 mg 1 tablet by mouth daily; no documentation of administration. - imipramine 25 mg "take 1 tablet by mouth 3 times a day 8am, 4pm, and 8pm;" no documentation of administration at 4:00 pm. - guanfacine 1 mg "take 1 tablet by mouth 3 times a day 8am, 4pm, and 8pm." - oxcarbazepine 600 mg "take 1 tablet by mouth 3 times a day 8am, 3pm, and 8pm;" no documentation of administration at 3:00 pm. - PEG 3350 "mix 1 capful (17gm) in 8 ounces of liquid and drink once a day 8am;" no documentation of administration. - Nitro-Bid 2% Ointment apply daily 8am, 4pm, and 8pm; documentation of administration daily at 8am. Reviews on 3/09/22 and 3/10/22 of client #2's record revealed: - 57 year old male admitted 2/09/09. - Diagnoses included Intellectual/Developmental Disability, mild, Schizoaffective Disorder, bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease. - Physician's orders signed 12/14/21 for risperidone (antipsychotic) 3 mg 2 tablets at bedtime.

PRINTED: 03/15/2022 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 03/10/2022 MHL025-221 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE **BLESSED HAVEN** NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 13 Observation on 3/09/22 at approximately 12:00 pm of client #2's medications on hand revealed: - Risperidone 3 mg 2 tablets at bedtime, dispensed 2/07/22. Review on 3/10/22 of client #2's MARs for December 9, 2021 - March 9, 2022 provided by the facility's management company revealed: - Transcription for risperidone 3 mg "take 4 tablets by mouth every night at bedtime;" documentation that 4 tablets were administered nightly. Reviews on 3/09/22 and 3/10/22 of client #3's record revealed: - 31 year old female admitted 9/16/17. - Diagnoses included Intellectual/Developmental Disability, moderate, Other Specified Schizophrenia, Other Psychotic Disorder, and Sickle Cell Anemia. - Signed and dated physician's orders for medications included: 1/06/22 - vitamin B12 (supports healthy blood cells) 1000 mcg 1 tablet daily 9/16/21 - aripiprazole (antipsychotic) 5 mg 1 tablet at bedtime 9/10/21 - vitamin D2 (vitamin D deficiency) 50000 units 1 capsule weekly - No signed physician's order for Mupirocin 2% Ointment (topical antibiotic).

3/07/22. Division of Health Service Regulation

2/07/22.

on hand revealed:

Observation on 3/09/22 of client #3's medications

aripiprazole 5 mg 1 tablet at bedtime, dispensed

vitamin B12 1000 mcg 1 tablet daily, dispensed

	N OF CORRECTION	E CORRECTION (X2) WIGHT LE CONSTRUCTION (X3) DATI		TE SURVEY MPLETED		
		MHL025-221	B. WING		03	R / 10/2022
	PROVIDER OR SUPPLIER	1025 PLY	ODRESS, CITY, MOUTH DR RN, NC 285		1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
t v	- vitamin D2 1.25 mg weekly, dispensed 3 Review on 3/10/22 of December 9, 2021 - the facility's manage - Transcriptions inclusion administered daily at a vitamin B12 1000 documentation of ad vitamin D2 1.25 mg weekly, with with documentation of ad vitamin D2 1.25 mg weekly, with with documentation the mat 8:00 am. During interviews on Owner/Licensee state of the clients attended Friday 8:30 am - 3:30 of Client #1 took his 1 of this day program; standinistration of client orazepam on the face of the client #3 of the client #3. Client #3 took her vitamin She administered all the instructions on the She did not understate with the MARs; "In the client sate of the client with the MARs; "In the client with the MARs; "In the client save' and all the clown; it's a template the lown; it's a template the client; it's a template the client was a template to the client w	g (50000 units) 1 capsule 8/07/22. of client #3's MARS for March 8, 2022 provided by ment company revealed: 1 tablet by mouth at bedtime the medication was 8:00 am. mcg 1 tablet daily with no ministration. ng (50000 units) 1 capsule cumentation the medication nily. It ment apply to affected areas and 8:00 pm, with nedication was applied daily 3/09/22 and 3/10/22 the ed: 1 day programs Monday thru 10 pm. 1:30 dose of lorazepam while he documented nt #1's 11:30 am doses of ility's MARs. eive Nitro-Bid Ointment. In Mupirocin 2% Ointment to tamin D on Fridays only. I medications according the expharmacy labels. and why there were issues as software you hit 'previous' medications will come that's been made and it	V 118			

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 03/10/2022 MHL025-221 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1025 PLYMOUTH DRIVE **BLESSED HAVEN** NEW BERN, NC 28562 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 15 the medications were administered." - She changed management companies in September 2021 and recently began using an electronic MAR software. - The management company did not do any formal orientation or MAR training. - She did not know who was supposed to make changes to the MARs in the software; she thought it was either the management company or the pharmacy. - She used an application on her cell phone to complete the MARs, she did not understand the MARs on the desktop computer. V 121 27G .0209 (F) Medication Requirements V 121 Obtain Review on 3-11-22 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 interviews the facility failed to obtain drug regimen reviews for 3 of 3 clients (#1, #2, and #3) who received

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL025-221	B. WING			R 10/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY	STATE, ZIP CODE		
			MOUTH DR			
BLESSE	D HAVEN	NEW BEF	RN, NC 285	62		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 121	Continued From page	ge 16	V 121			
		ations. The findings are:				
	Reviews on 3/09/22 record revealed: - 32 year old male at 12/31/13 Diagnoses included with language impaintellectual/Develop severe/profound, and - Signed and dated psychotropic medicat/25/22: - lorazepam (sedatimes daily. 1/05/22: - quetiapine (antiptablet twice daily imipramine (antiothree times daily. 10/05/21: - quetiapine 300 m 9/14/21:	and 3/1/22 of client #1's dmitted to the facility d Autism Spectrum Disorder irment, mental Disability, d Affective Mood Disorder. physician's orders for				
	- No documented dr	ug regimen reviews.				
	record revealed: - 57 year old male ad - Diagnoses included Disability, mild, Schiz type, Hypertension, Chronic Obstructive - Signed and dated p psychotropic medica 12/30/21:	d Intellectual/Developmental zoaffective Disorder, bi-polar Seizure Disorder, and Pulmonary Disease. ohysician's orders for ations as follows:				
	(300 mg) at bedtime 12/14/21:	ychotic) 100 mg 3 tablets				

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING _ 03/10/2022 MHL025-221 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE BLESSED HAVEN NEW BERN, NC 28562 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) The Medication Reviews have been completed by the 03-21-2022 V 121 V 121 Continued From page 17 - risperidone (antipsychotic) 3 mg 2 tablets at Provider and staff will receive MANDATORY recert 04-10of Med Admin. Training. 2022 9/16/21: - atenolol (antihypertensive) 25 mg 1 tablet The QP will give reminders as the 6 month period is approaching for the next review in September of 2022 as the daily. monitoring visits take place. 9/14/21: - divalproex (anti-convulsant) 250 mg 2 tablets The Technology Coordinator will set reminders to send the in the morning, 3 tablets at bedtime. Provider emails reminding her to schedule the 6 month med review for the members. - No documented drug regimen reviews. Reviews on 3/09/22 and 3/10/22 of client #3's record revealed: 31 year old female admitted 9/16/17. - Diagnoses included Intellectual/Developmental Disability, moderate, Other Specified Schizophrenia, Other Psychotic Disorder, and Sickle Cell Anemia. - Signed and dated physician's orders for psychotropic medications as follows: 12/30/21: - doxepin (antidepressant) 10 mg 1 capsule at bedtime. 9/16/21: - aripiprazole (antipsychotic) 5 mg 1 tablet at bedtime. Obtain Review on 3-11-22 No documented drug regimen reviews. During interview on 3/10/22 the Owner/Licensee stated: - She did not have drug regimen reviews for the - The requirement for drug regimen reviews to be completed every 6 months for clients who took psychotropic medications was never explained to her. - She would call the pharmacy and have drug regimen reviews scheduled every 6 months. This deficiency has been cited 3 times since the original cite on 9/07/18 and must be corrected

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		SURVEY
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		MHL025-221	B. WING			10/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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V 121	Continued From pa	ge 18	V 121			
	within 30 days.					
V 736	27G .0303(c) Facilit	y and Grounds Maintenance	V 736			
	maintained in a safe	######################################				
		on and interview the facility in a safe, clean and orderly				
	am revealed: - The finish on the dupholstery on the se - Client #1's bedroor into the wall. - The painted surfaction the client #1's bed was very a round hole consist door knob to the waldoor. - A glass table lampochair in client #1's bedering the ceiling fan. - Client #2's ceiling has the ceiling fan.	stent with damage from the I behind client #1's bedroom stored on the floor under a				

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY
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			110000000000000000000000000000000000000		03/1	10/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, MOUTH DR	STATE, ZIP CODE		
BLESSE	D HAVEN		RN, NC 285			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROPERTY)	D BE	(X5) COMPLETE DATE
	- Client #2's shower staining Client #2's toilet pascrews protruded from Damage to the ceit The exhaust vent in heavy coating of dual Damage to the was bathroom The toilet paper how broken The light switch in protruding from the The handrails at the unsteady Black scuffs on the During interview on stated: - Client #1 would hit wall; she had his rocannual survey The exhaust vent in dusty; she would hat The hall bathroom ago and the property repairs, but the bath renovated The black scuffs or were probably a result of the state of the was considering another location.	aper holder was broken and 2 cm the wall. Iling in the hall bathroom. In the hall bathroom had a st. Il at the bathtub in the hall bathroom was the hall bathroom was wall. It is top of the stairs were a floor at the front door. 3/09/22 the Owner/Licensee his head on his bedroom om painted following the last on the hall bathroom was very we it cleaned. It was damaged several years yowner had made some room needed to be an the floor at the front door all tof furniture being moved. In general to the floor at the facility to titutes a re-cited deficiency	V 736	The Provider has contacted the landlord to reque completed within 30 days. If any repairs are not completed or have not been within 15 days, the licensee will arrange for the recompleted and obtain reimbursement from the lattems from the list that require cleaning or replaced done by the licensee or staff within the 30-day time. The QP will use this list of items as a monitoring next visit after the 30day period to ensure that the repaired, cleaned, and upgraded.	scheduled repair to be indlord. ing will be neframe. tool on the	04-15-2022