PRINTED: 04/01/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MHL083-053			A. BUILDING:			
		B. WING		03/	03/30/2022	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
SCOTCH	IFAIR #1		MMOND DRIVI BURG, NC 283			
(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
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on March 30, 2022. A deficiency was 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 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.					
V 118	27G .0209 (C) Medication Requirements		V 118			
	 only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, include administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administered current. Medication and all drugs administered mAR is to include the (A) client's name; (B) name, strength, (C) instructions for a figure of a person of a	inistration: non-prescription drugs shall ed 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. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

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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. BUILDING:			
		MHL083-053	B. WING		03/	30/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
сотсн	IFAIR #1		MMOND DRIVI BURG, NC 283			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX 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 page 1		V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	facility failed to adm written order of a pl audited clients (#5)	views and interview, the ninister medications on the hysician affecting one of three . The findings are: 2 and 03/30/22 of client #5's				
	- Diagnoses of Mild	Intellectual Developmental Mood Disorder Not Otherwise				
	signed physician or - Check blood pres results.	2 and 03/30/22 of client #5's ders dated 02/08/22 revealed: sure twice a day and log				
	pressure) 25 milligr mouth twice a day - Pressure (SBP) les	e (Lopressor-treats high blood ams - take one tablet by - Hold for Systolic Blood s than 100 or heart rate less he Registered Nurse.				
	December 2021 thr the following dates	2 and 03/30/22 of client #5's ru March 2022 MARs revealed his SBP was less than 100 red the Metoprolol and no nurse was contacted:				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL083-053	B. WING		03/	30/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
сотсн	IFAIR #1		MMOND DRIVI BURG, NC 283			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ 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	ige 2	V 118			
	December 2021 - 12/15/21 - 81/55. - 12/28/21 - 82/55.					
	January 2022 - 01/12/22 - 92/56. - 01/24/22 91/50. - 01/25/22 - 87/50.					
	February 2022 - 02/04/22 - 94/52 - 02/09/22 - 92/64. - 02/23/22 - 98/53					
	March 2022 - 03/02/22 - 98/70. - 03/04/22 - 84/56. - 03/07/22 - 99/55. - 03/22/22 - 94/63.					
	 The staff had bee contact her for clier She was not notifi readings per the ph 	22 the Facility Nurse stated: n inserviced on the need to nt #5's low SBP readings. ed of client #5's low SBP hysician order. is the physician orders with the	•			

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