Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL054-156	B. WING		04/1	1/2022	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ADVANC	ADVANCE BEHAVIORAL HEALTH SERVICES 2840 LISA LANE KINSTON, NC 28502						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	TS .	V 000				
	An annual survey w 2022. A deficiency	ras completed on April 11, was cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
	census of 4. The s	sed for 5 and currently has a urvey sample consisted of clients and 1 deceased client.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person andrugs. (2) Medications shat clients only when an client's physician. (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the	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 sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be ely after administration. The					

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

(X6) DATE TITLE

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		MHL054-156	B. WING		04/1	1/2022
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 04/1	1/2022
		2840 LISA		37.11.2, 211 3332		
ADVANC	E BEHAVIORAL HEA	KINSTON	, NC 28502			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	Continued From page 1		V 118			
	(5) Client requests checks shall be red	for medication changes or corded and kept with the MAR appointment or consultation				
	Based on record reinterview the facility medications as ord of 3 audited clients Review on 4/11/22	et as evidenced by: eview, observation and y failed to administer lered by a physician affecting 2 (#1 and #4). The findings are: of client #1's record revealed:				
	Diagnoses included Disability, moderated Osteoarthritis; Sco Physician's orders Signed 9/15/21 rosuvastatin (high	h cholesterol) 40 milligrams				
	daily Signed 10/20/21 chlorhexidine 0.1	ood pressure) 40 mg 1 tablet 2% solution (germicidal oral				
	twice daily, do not a "Physician's Medi dated 10/26/21 signicluded " Last Periogard (brand n Stop rinse for 2-site to clot. Resum - Dentist's order to	seconds and expectorate rinse mouth after expectorating cal Evaluation/Consultation" ned by client #1's Dentist visit: Pt. (patient) was given ame for chlorhexidine) rinse 3 days to allow ext (extraction) ne rinse after 3 days." discontinue use of ed and dated 4/11/22.				

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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	
		MHL054-156	B. WING		04/1	1/2022	
NAME OF	PROVIDER OR SUPPLIER				1 0-171	1/2022	
	ADVANCE BEHAVIORAL HEALTH SERVICES 2840 LISA LANE						
ADVANC	E DENAVIORAL NEA	KINSTON	NC 28502				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 118	Continued From page 2		V 118				
	February 2022 - Ap - Transcription for r 2/06/22 and 2/13/22 - Transcription for li - 2/18/22 and 2/20/2 - Transcription for c 2/01/22 - 2/28/22; 3 4/11/22. - No documented e Observation on 4/1 medications on har - rosuvastatin 40 m dispensed 3/28/22.	osuvastatin with blanks for 2. sinopril with blanks for 2/16/22 22. chlorhexidine with blanks 6/01/22 - 3/31/22 and 4/01 - xplanation for the blanks. 1/22 at 11:55 am of client #1's nd revealed: g 1 tablet at bedtime tablet daily dispensed					
	took her medication	4/11/22 client #1 stated she as with staff assistance and to had never missed any.					
	- 58 year old female - Diagnoses include bipolar type; Intelled moderate; Mixed H and Anxiety Physician's orders Signed 2/17/21 Entresto (heart faitwice daily Signed 7/27/21 calcium (bone heavitamin D3 (calciu international units (Signed 11/11/21	ed Schizoaffective Disorder, ctual/Developmental Disability, yperlipidemia; Hyperglycemia; as follows: lure) 24 mg - 26 mg 1 tablet alth) 600 mg 1 tablet daily m absorption) 1000					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL054-156	B. WING		04/1	1/2022
	PROVIDER OR SUPPLIER	STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Review on 4/11/22 February 2022 - Ap - Transcription for E 8:00 pm Transcription for C 2/26/22 8:00 pm Transcription for C 2/18/22 No documented e During interview on took her medication she had never miss During interview on Professional/Co-Ov - Only 1 refill was o chlorhexidine follow - She confirmed the - She felt confident medications as ord document medicati - She would remino administration of m giving the medication administration admin	of client #4's MARs for oril 2022 revealed: Entresto with blank for 2/26/22 calcium with blank for 2/26/22. Aritamin D3 with blank for olanzapine with blank for explanation for the blanks. 14/11/22 client #4 stated she as with staff assistance and sed any to her knowledge. 14/11/22 the Qualified wher stated: redered for client #1's wing a tooth extraction. It is noted blanks on the MARs. The clients received their ered but the staff did not on administration. It staff to document edications immediately after ons. 2 accurately document stration it could not be streceived their medications	V 118			

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