	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391	
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	34G257		B. WING _			04/05/2022		
NAME OF PROVIDER OR SUPPLIER				6	TREET ADDRESS, CITY, STATE, ZIP CODE 8 HILLSIDE STREET	•		
				C	LARKTON, NC 28433			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 125	PROTECTION OF CL CFR(s): 483.420(a)(3		W	125				
	Therefore, the facility individual clients to ex- of the facility, and as including the right to f to due process. This STANDARD is r Based on record revi facility failed to ensure legal guardian. This a (#4). The finding is: Review on 4/4/22 of co- plan (IPP) dated 2/10 admitted to the facility been adjudicated inco- client #4's record reve appointed as his lega Review on 4/4/22 of co- evaluation dated 12/2 diagnosed with Mode Schizoaffective Disord Disorder, Hepatitis C- Dysphagia and Chron- Disease (COPD). Fur evaluation revealed tf Intelligence Scale yiel score of 52 which pla- moderate range of int Additional review reve	<ul> <li>12/29/21 and that he had</li> <li>pmpetent. Further review of</li> <li>paled his Mother had been</li> <li>I guardian.</li> <li>client #4's psychological</li> <li>8/21 revealed he was</li> <li>rate Intellectual Disabilities,</li> <li>der, Obsessive Compulsive</li> <li>Carrier, Diabetes Mellitus,</li> <li>nic Obstructive Pulmonary</li> <li>ther review of this</li> <li>ne Weschler Abbreviated</li> <li>Ided a full scale Intelligence</li> <li>ced him in the mild to</li> <li>ellectual disabilities.</li> <li>paled, "he has deficits in</li> </ul>						
	have the capacity for capacity for economic Interview on 4/5/22 w	ith the qualified intellectual						
	-	al (QIDP) revealed client	 :E		TITLE		(X6) DATE	

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

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 04/06/2022 

				CONSTRUCTION.		O. 0938-039		
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING		(X3) DATE SURVEY COMPLETED			
		34G257	B. WING		04	/05/2022		
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	ЭE			
MIDLAKE RESIDENTIAL				HILLSIDE STREET LARKTON, NC 28433				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE		
W 125	Continued From page 1 #4's Mother was deceased prior to his placement on 12/28/21 and another successor guardian had not been appointed for client #4.		W 125					
W 126	PROTECTION OF C CFR(s): 483.420(a)(4		W 126					
	Therefore, the facility to manage their finan to do so to the extent This STANDARD is Based on record rev facility failed to ensur	not met as evidenced by: riew and interviews, the re 1 of 3 audit clients (#6) raining in the area of money the extent of her						
	plan (IPP) dated 2/10 admitted to the facilit review of her IPP rev objectives which inclu- the next day for 30 cc her upper body durin consecutive days, ap consecutive days, pa minutes per day for 3							
	inventory (ABI) dated no independence in t management. This at indicated she has no	rea was rated (1) which independence in identifying nominations of money,						

Facility ID: 922227

If continuation sheet Page 2 of 7

## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G257 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **68 HILLSIDE STREET** MIDLAKE RESIDENTIAL CLARKTON, NC 28433 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 126 Continued From page 2 W 126 disabilities professional (QIDP) revealed the interdisciplinary team did not consider developing training for client #6 in the area of money management. W 262 PROGRAM MONITORING & CHANGE W 262 CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interviews, the specially constituted committee, known as the Human Rights Committee (HRC), failed to review, approve and monitor programs designed to manage inappropriate behavior for 1 of 3 sampled clients (#6). The finding is: Review on 4/4/22 of client #6's individual program plan dated 2/10/22 revealed she has diagnoses of Moderate Intellectual Disabilities, Schizophrenia, a Mood Disorder and a Seizure Disorder. Review on 4/4/22 of client #6's physician orders dated 2/17/22 revealed she takes the following medications for her psychiatric symptoms: Fluoxetine HCL 40 mg, and Olanzapine 2.5 mg. She also receives 2 medications Depakote Sodium Extended Release 500 mg. and Keppra 750 mg. for her Seizure Disorder. Review on 4/5/22 of the HRC minutes dates 3/24/22 revealed client #6's psychotropic medications were not discussed at the HRC meeting.

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 04/06/2022

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/06/2022 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G257		34G257	B. WING	_	04/	05/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
MIDLAKE	RESIDENTIAL			8 HILLSIDE STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 262	Continued From page	3	W 262				
W/ 000	Extended Release 50 for her Seizure Disord Interview on 4/5/22 w Disabilities Profession #6's psychotropic mee discussed at the HRC	ceives Depakote Sodium 0 mg. and Keppra 750 mg. ler. ith the Qulaified Intellectual nal (QIDP) confirmed client dications were not meeting on 3/24/22.					
W 263	are conducted only w consent of the client, minor) or legal guardi This STANDARD is r Based on record revi failed to ensure restric conducted with the w legal guardian. This a (#4). The finding is: Review on 4/4/22 of c plan (IPP) 2/10/22 rev the facility 12/29/21 a adjudicated incompet #4's record revealed I appointed as his lega Interview on 4/5/22 w disabilities profession #4's Mother was dece on 12/28/21 and anot not been appointed for	<ul> <li>(ii)</li> <li>d insure that these programs ith the written informed parents (if the client is a an.</li> <li>not met as evidenced by:</li> <li>ew and interview, the facility clive programs were only itten informed consent of a affected 1 of 3 audit clients</li> <li>lient #4's individual program vealed he was admitted to nd that he had been ent. Further review of client his Mother had been l guardian.</li> <li>ith the qualified intellectual al (QIDP) revealed client ensures and prior to his placement her successor guardian had</li> </ul>	W 263				

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	-	ID HUMAN SERVICES				FORM	): 04/06/2022 MAPPROVED
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
34G257		34G257	B. WING	_	04/05/2022		
NAME OF PF	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
MIDLAKE RESIDENTIAL			-	8 HILLSIDE STREET CLARKTON, NC 28433			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 263 W 312	1mg. BID, Trazedone Divalproex Sodium 50 Sodium 750mg. at nig Cogentin 0.5 mg BID night to address symp Disorder. Review on 4/4/22 of c evaluation dated 12/2 diagnosed with Moder Schizoaffective Disord Disorder, Hepatitis C Dysphagia and Chron Disease (COPD). Review on 4/5/22 reve consent could not be #4's psychotropic med Interview on 4/5/22 wi disabilities profession #4's Mother was dece on 12/28/21 and anoth not been appointed for confirmed the facility of informed consent for the psychotropic medicati DRUG USAGE CFR(s): 483.450(e)(2) be used only as an infi individual program pla specifically towards the elimination of the behavior are employed. This STANDARD is n	ed he receives Risperidone 100mg (2)at night, 20mg at 8am, Divalproex ght, Olanzapine 10mg BID, and Risperidone 2mg at broms of his Schizoaffective client #4's psychological 28/21 revealed he was rate Intellectual Disabilities, der, Obsessive Compulsive Carrier, Diabetes Mellitus, hic Obstructive Pulmonary ealed written informed located for the use of client dications. ith the qualified intellectual al (QIDP) revealed client eased prior to his placement her successor guardian had or client #4. Further interview did not have written the use of client #4's ions. ) tegral part of the client's	W 263				
	Based on record revi	ew and interview, the facility					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/06/2022 M APPROVED D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G257	B. WING			04	/05/2022
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
MIDLAKE RESIDENTIAL					68 HILLSIDE STREET CLARKTON, NC 28433		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 312	failed to ensure the in developed active trea conjunction with client for the reduction and// behavior medications clients (#4, #6). The fi A. Review on 4/4/22 of or program plan (IPP) 2/ admitted to the facility Review on 4/4/22 of or dated 2/16/22 revealed 1mg. BID, Trazedone Divalproex Sodium 50 Sodium 750mg. at nig Cogentin 0.5 mg BID night to address symp Disorder. Review on 4/4/22 of or evaluation dated 12/2 diagnosed with Mode Schizoaffective Disord Disorder, Hepatitis C Dysphagia and Chron Disease (COPD). Review on 4/5/22 of or his IPP did not reveal program (BSP) to use psychotropic medicati Interview on 4/5/22 w disabilities profession #4's Mother was dece on 12/28/21 and anot not been appointed for	Atterdisciplinary team (IDT) timent programs to to use in t's psychotropic medications for elimination of restrictive . This affected 2 of 3 audit indings are: of client #4's individual (10/22 revealed he was (12/29/21. client #4's physician orders ed he receives Risperidone 100mg (2)at night, 00mg at 8am, Divalproex ght, Olanzapine 10mg BID, and Risperidone 2mg at otoms of his Schizoaffective client #4's psychological 28/21 revealed he was rate Intellectual Disabilities, der, Obsessive Compulsive Carrier, Diabetes Mellitus, nic Obstructive Pulmonary client #4's record including ed a behavior support e in conjunction with his	W	312			

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CENTER	-	ID HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(¥2) MUI				FORM OMB NC	0: 04/06/2022 APPROVED 0: 0938-0391
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G257	B. WING			_	04/	05/2022
NAME OF P	NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
MIDLAKE RESIDENTIAL					8 HILLSIDE STREET CLARKTON, NC 28433			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 312	give written informed been implemented for B. Review on 4/4/22 of 2/10/22 revealed she Intellectual Disabilities Disorder and a Seizur Review on 4/4/22 of of dated 2/17/22 revealed medications for her p Fluoxetine HCL 40 m Further review confirm medications which ind Extended Release 500 for her Seizure Disord Review on 4/4/22 of of did not reveal a BSP her psychotropic med Interview on 4/5/22 w had not been develop	consent, a BSP had not r client #4. of client #6's IPP dated has diagnoses of Moderate s, Schizophrenia, a Mood re Disorder. client #6's physician orders ed she takes the following sychiatric symptoms: g. and Olanzapine 2.5 mg. med she also receives two clude: Depakote Sodium 10 mg. and Keppra 750 mg. der. client #6's IPP dated 2/10/22 to use in conjunction with	W	312		DEFICIENCY)		

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