

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2022
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NAME OF PROVIDER OR SUPPLIER INREACH/LISA CIRCLE	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 LISA CIRCLE CHARLOTTE, NC 28208
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 4/20/22. The complaint was unsubstantiated (NC00186478). A Deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining</p>	V 119		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 119	<p>Continued From page 1</p> <p>drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure medication was disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 2 clients (client #2). The following are:</p> <p>Review on 4/6/22 of client #2's record revealed: -Admission date 7/13/79; -Diagnoses-Moderate Intellectual Disabilities, Cerebral Palsy, Seizure Disorder; -Physician order updated 2/7/22 Saline Nasal Spray, squirt 2 sprays in each nostril 2 times daily.</p> <p>Observation on 4/6/22 at 11:39am of client #2's medication revealed: -Saline Nasal Spray over the counter (OTC) expired 2/2022</p> <p>Interview on 4/16/22 with client #2 revealed: -Received medications daily.</p> <p>Interview on 4/16/22 with the Group Home Manager revealed: -Not aware the medication expired.</p> <p>Interview on 4/20/22 with the Director revealed: -Not aware the medication expired.</p>	V 119		