STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL018-041		IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL018-041	B. WING			R 04/22/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
VOCA-F	DREST RIDGE		REST RIDGE D (, NC 28602	RIVE		
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	violation was complimited follow up su .0205 Assessment (V112); 10A NCAC Requirements (V11 (h) Medication Requirements (V11 (h) Medication Requirements (V11 The following were 10A NCAC 27G .02 Treatment planning .0209 (g) Medicatio 10A NCAC 27G .02 Requirements (V12 This facility is licens category: 10A NCA Living for Adults wit Disabilities. This facility is licens	3). Deficiencies were cited. sed for the following service C 27G .5600C Supervised h Intellectual/Developmental sed for 3 and currently has a urvey sample consisted of				
V 117	27G .0209 (B) Med	ication Requirements	V 117			
	 Non-prescription dispensed by a pharmanufacturer's laber visible; Prescription me or obtained as sam tamper-resistant par risk of accidental in 	09 MEDICATION kaging and labeling: n drug containers not rmacist shall retain the el with expiration dates clearly edications, whether purchased ples, shall be dispensed in ckaging that will minimize the gestion by children. Such plastic or glass bottles/vials				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-041		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		B. WING			R 04/22/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	IE, ZIP CODE		
OCA-F	OREST RIDGE		REST RIDGE DR 7, NC 28602	IVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 117	 ⁷ Continued From page 1 with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. 		V 117			
	review, the facility fa medications available expired and contain for 3 of 3 clients (C findings are: Observation on 4/2 11:30am of medica -Mupirocin Ointmer until clear dispense -Epinephrine injecti directed PRN (as n dispensed 5/29/20 -Proair HFA inhale-	et as evidenced by: ions, interviews, and record ailed to ensure all prescription ble for administration were not ned a current dispensing date lient #1, #2 and #3). The 2/22 at approximately tion box for Client #1 revealed: nt 2% -apply bid behind left ear id 3/21/21- expired 3/2022. on 0.3mg-inject 0.3mg as eeded) for allergic reaction - expired June 2021. 2 puffs every 4-6 hours PRN n, wheeze, tightness and				

DCQ311

If continuation sheet 2 of 4

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 04/22/2022	
	PROVIDER OR SUPPLIER		DRESS, CITY, ST		04/.	22/2022
	OREST RIDGE	4959 FOF	REST RIDGE D			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET DATE
V 117	Continued From pa	age 2	V 117			
	8/2021.					
	the medication box -Fluticasone spray for allergies dispen March 2022. -Epinephrine injecti intramuscular PRN dispensed 4/13/21 Observation on 4/2 the medication box -Gas Relief 3ml-giv as needed for gas 1/2022 written on b -Guaifenesin and E Hydrobromide Syru teaspoons by mout dispensed 4/6/21-1 -Walgreens sunscr written on bottle. -Metronidazole 0.75	Dextromethorphan up 100mg/10mg/5ml- take 2 th q 4hrs prn for cough bottle expires 10/2021. een 70 SPF- expiring 7/2021 5% apply to face PRN at 10/20/20- in baggie with				
	Date of admission- Review on 4/22/22 3/20/22-4/22/22 rev -Mupirocin Ointmer	of Client #1's MAR from vealed: nt had not been administered				
	in the past 32 days	ion had not been administered				
	-Date of admission	of Client #2's record revealed: - 1/13/20 of Client #2's MAR from				

STATE FORM

DCQ311

If continuation sheet 3 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-041			· ,	CONSTRUCTION		E SURVEY PLETED
		B. WING			R 04/22/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
/OCA-F	OREST RIDGE		REST RIDGE D Y, NC 28602	PRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 117	Continued From pa	age 3	V 117			
	past 32 days. Azel nasal antihistamine -Epinephrine injecti in the past 32 days Review on 4/22/22 -Date of admission Review on 4/22/22 3/20/22-4/22/22 rev -Gas relief had not 32 days. -Guaifenesin and D Hydrobromide Syru in the past 32 days -Walgreens sunscr administered in the -Metronidazole oint administered in the Interview on 4/22/2 revealed: -The Home manag reviewing all medic Those that had bee expired should hav place.	 be been administered in the astine had been prescribed as a on 11/22/21. ion had not been administered . of Client #3's record revealed: -3/12/08 of Client #3's MAR from /ealed: been administered in the past /ealed: been administered in the past /ealed: been administered in the past /ealed and not been administered . een 70 SPF had not been apast 32 days. 2 with Program Director er was responsible for ations and expiration dates. en reviewed and marked as e been put in a separate 				

DCQ311

If continuation sheet 4 of 4