AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
					R	
		MHL067-100	B. WING		05/	05/2022
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
COURTL	AND		RTLAND DRIV			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		w up survey was completed deficiency was cited.				
		sed for the following service C 27G .5600F Alternative				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or othe privileged to prepare (4) A Medication Ad all drugs administered current. Medication Ad all drugs administered immediate MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be recorded up by a strength of the followed up	inistration: non-prescription drugs shall ed to a client on the written inthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of red to each client must be kept is administered shall be ely after administration. The				
	with a physician. ealth Service Regulation					

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Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	
		MHL067-100	B. WING		R 05/0	5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COURTL	AND		RTLAND DRI			
	T		NVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	facility failed to adm written order of a ph MARs current affect #2, and #3). The fin Finding #1 Review on 5/5/22 or -53 year-old male -Admission date of -Diagnoses of Mode Developmental Disa Pedophilia, and Pic Review on 5/5/22 or medical order date following medication -Propranolol (treats milligrams (mg) - Ta times a day. -Olanzapine (antips by mouth once daily -Fluoxetine Hydroch depression) 20mg - every morning. -Anoro Ellipta (inhal (mcg) - Inhale 1 put -Cetirizine HCL (treats tablet by mouth once -Ipratropium 0.03%	views and interviews, the ninister medications on the hysician and failed to keep the ting three of three clients (#1, idings are: f client #1's record revealed: 3/3/03 erate Intellectual ability, Conduct Disorder, a f client #1 's physician d 11/23/21 revealed the ns: high blood pressure) 10 ake one tablet by mouth three sychotic) 5mg - Take one tablet				
Division of L	ealth Service Regulation	-				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-100		CALL CALL CALL CALL CALL CALL CALL CALL	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL067-100	B. WING			05/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COURTL	AND		RTLAND DRIV			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 2	V 118			
	Review on 5/5/22 of client #1's February - May 2022 MAR 's revealed the following blanks: -Olanzapine - 2/24/22 at 8am -Cetirizine HCL - 2/24/22 at 8am -Fluoxetine HCL - 2/24/22 at 8am -Propranolol - 2/24/22, 3/7/22 and 3/18/22 at 8am -Propranolol - 2/1/22 at 12pm -Anoro Ellipta - 2/3/22, 2/10/22, and 2/11/22 at 8am Interview on 5/5/22 client #1 stated he received his medications daily as ordered. Finding #2 Review on 5/5/22 of client #2's record revealed: -33 year-old male -Admission date of 2/20/22 -Diagnoses of Traumatic Brain Injury, Bipolar Disorder, Pervasive Developmental Disorder, and Cerebral Palsy.					
	medical order dated following medication -Divalproex Sodium Take 1 tablet by mo bedtime. -Linzess (treats cor capsule by mouth 3 the day on an empt -Loratadine (treats capsule by mouth d -Polyethylene Glyco Take 17 grams mixe breakfast. -Benztropine (treats Take one tab by mo -Fluoxetine HCL 40 mouth daily at 8am.	n (treats epilepsy) 500mg - buth at 8am and 1 tablet at astipation) 290mcg - Take 1 50 minutes before first meal of y stomach. allergies) 10mg - Take 1 laily at 8am. bl 3350 (treats constipation) - ed with 8 ounces of fluid at s Parkinson ' s disease) 1mg - buth at 8am. mg - Take one capsule by				

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If continuation sheet 3 of 6

STATEMENT OF DEFICIENC		DED.	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
AND FEAN OF CONNECTION	IDENTIFICATION NOW	A. BUILDING:				
	MHL067-100	B. WING			R 05/2022	
IAME OF PROVIDER OR SU	PPLIER	STREET ADDRESS, CITY, S	STATE, ZIP CODE			
COURTLAND		113 COURTLAND DRIV				
		JACKSONVILLE, NC				
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY F RY OR LSC IDENTIFYING INFORMAT		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118 Continued F	om page 3	V 118				
8am and bed -Baclofen (m tablet by mol -Clonazepan tablet on the times a day a -Quetiapine Take one tab Review on 5, 2022 MAR ' -Tamsulosin 8am: 3/25/22 8pm -Linzess - 2// -Polyethylend 3/26/22-3/28 -Loratadine - 3/26/22-3/28 -Fluoxetine - -Clonazepan and 3/25/22- 3/29/22, and 3/25/22-3/27 -Divalproex 9 3/26/22-3/28 3/26/22-3/27 -Divalproex 9 3/26/22-3/27 -Baclofen - 3 3/25/22-3/27 -Quetiapine 3/31/22 at 8p -Benztropine 8pm Interview on his medication Finding #3	uscle relaxer) 10mg - Take of the twice daily 8am and bedti of (treats seizures) .25mg - Pl tongue and allow it to dissolve at 8am, 12pm, 2pm, and 8pm Fumarate (antipsychotic) 100 let by mouth at bedtime. 5/22 of client #2's February - serevealed the following bland HCL - $3/1/22$ and $3/26/22-3/2$ - $3/27/22$, $3/31/22$, and $4/24$ 2/22, $3/26/22-3/28/22$ at 8am 2/22/22, $3/26/22-3/28/22$ at 8am 3/26/22-3/28/22 at 8am 3/26/22-3/28/22 at 8am 3/26/22-3/28/22 at 8am 3/26/22-3/28/22 at 8am 3/26/22-3/28/22 at 8am 3/26/22-3/28/22 at 8am 3/28/22 at 12pm: $3/13/22$ and 2/2 at 8pm Sodium - $3/24/22$ and 2/22, and $3/30/22$ at 8am: 2/22 and $3/31/22$ at 8pm 2/26/22 - 3/28/22 at 8am: 2/22 at 8pm Sodium - $3/25/22-3/27/22$ at 8am: 2/22 at 8pm 3/26/22 - 3/28/22 at 8am: 2/22 and $3/31/22$ at 8pm 3/26/22 - 3/28/22 at 8am: 3/25/22-3/27/22 and $3/31/23/25/22-3/27/22$ and $3/31/2$	and 22 at ceived				
	5/22 of client #3's record rev	/ealed:				

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If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-100			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED R	
		B. WING			R 05/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COURTL	AND		RTLAND DRIV			
(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) COMPLETE DATE
V 118	Continued From pa	ige 4	V 118			
		3/6/99 ere Intellectual Developmental m Spectrum Disorder				
	medical order dated following medicatio -Benztropine 2mg - times daily. -Clozapine (antipsy by mouth daily in th and one tablet by m -Divalproex Sodium mouth three times of -Propranolol 20mg times daily. -Cetirizine 10mg - T allergies.	 Take 1 tablet by mouth three rchotic) 100mg - Take 2 tablets re morning, 2 tablets at 2pm nouth at bedtime. n ER 500mg - Take 1 tablet by daily. - Take 1 tablet by mouth three Fake 1 tablet by mouth daily for 				
		2 at 2pm n - 2/26/22 at 2pm /22 at 2pm				
	Client #3 did not wi process.	sh to take part in the interview				
	stated:	the Director of Operations MARs would be addressed				
	medication adminis	o accurately document stration it could not be s received their medications physician.				

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PRINTED: 05/12/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED				
			A. BUILDING:						
		MHL067-100	B. WING			R 05/2022			
IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 113 COURTLAND DRIVE									
COURTLA	ND		JRTLAND DRIV DNVILLE, NC 2						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE			
	alth Service Regulatior								