STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-159	A. BUILDING: _____ B. WING _____	05/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPTAINS WATCH	514 TODD DRIVE NE CONCORD, NC 28027

(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	INITIAL COMMENTS An annual survey was completed on 5/16/22. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 3. The sample consisted of audits of 3 current clients.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (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. (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. (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 drug supply shall not be held for more than 30	V 119		

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V 119	Continued From page 1 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion affecting 3 of 3 clients(#3 and #3). The findings are: Finding #1: Review on 5/12/22 of client #1's record revealed: -admission date of 3/5/10; -diagnoses of Autism Spectrum, Intermittent Explosive Disorder(D/O), GERD(Gastroesophageal Reflux Disorder), HTN(Hypertension), Constipation, Osteopenia and IDD(Intellectual Developmental Disability)-Moderate; -physician's order dated 9/8/21 for Cyclobenzapine 10mg one tablet as bed as needed(prn). Observations on 5/16/22 at client #1's medications revealed Cyclobenzapine 10mg one tablet as bed prn not on site. Review on 5/12/22 and 5/16/22 of client #1's MARs for 3/2022, 4/2022 and 5/2022 revealed client #1 had not been administered Cyclobenzapine 10mg one tablet as bed prn. Interview on 5/16/22 with staff #1 revealed prn medication was expired and has been re-ordered. Finding #2:	V 119		

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V 119	Continued From page 2	V 119		

Review on 5/12/22 of client #2's record revealed:
-admission date of 1/28/11;
-diagnoses of Major Depressive Disorder, OCD(Obsessive Compulsive Disorder), Intermittent Explosive D/O, IDD-Mild, Brittle Diabetes, Insomnia and GERD;
-physician's order dated 8/23/21 for Artificial Tears 1-2 drops in eyes four times daily as needed.

Observations on 5/16/22 at 10:10am of client #2's medications revealed Artificial Tears 1-2 drops in eyes four times daily as needed over the counter with expiration date of 3/2022.

Review on 5/12/22 and 5/16/22 of client #2's MARs for 3/2022, 4/2022 and 5/2022 revealed client #2 had not been administered Artificial Tears 1-2 drops in eyes four times daily as needed.

Interview on 5/16/22 with staff #1 revealed she was not aware the medication was expired.

Finding #3:
Review on 5/12/22 of client #3's record revealed:
-admission date of 1/28/11;
-diagnoses of Unspecified Psychosis, Schizophrenia, IDD-Mild, GERD, overactive balder, insomnia and movement disorder;
-physician's order dated 2/11/22 for the following medications: Naproxen 500mg one tablet twice daily prn and Promethezine 25mg one tablet every 4 hours prn.

Observation on 5/16/22 at 10:00am of client #2's medications revealed Naproxen 500mg one tablet twice daily prn and Promethezine 25mg one tablet every 4 hours prn not on site.

Review on 5/12/22 and 5/16/22 of client #3's

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V 119	Continued From page 3 MARs for 3/2022, 4/2022 and 5/2022 revealed client #3 had not been administered Naproxen 500mg one tablet twice daily prn and Promethezine 25mg one tablet every 4 hours prn. Interview on 5/16/22 with staff #1 revealed -the prn medications were expired; -new ones have been re-ordered; -should be delivered today. Additional observations on 5/16/22 at 2:50pm of client #3's medications produced by staff #1 revealed: -Naproxen 500mg one tablet twice daily prn dispensed 5/12/22; -Promethezine 25mg one tablet every 4 hours prn dispensed 5/12/22.	V 119		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled	V 120		

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V 120	Continued From page 4 Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately for each client and separately for external and internal use affecting 2 of 3 clients(#2, #3). The findings are; Finding #1: Review on 5/12/22 of client #1's record revealed: -admission date of 3/5/10; -diagnoses of Autism Spectrum, Intermittent Explosive Disorder(D/O), GERD(Gastroesophageal Reflux Disorder), HTN(Hypertension), Constipation, Osteopenia and IDD(Intellectual Developmental Disability)-Moderate; -physician's order dated 12/2/21 for Imiquimond Cream apply at bed. Observations on 5/16/22 at 10:25am of client #1's medications revealed Imiquimond Cream apply at bed stored with client #1's internal medications. Finding #2: Review on 5/12/22 of client #2's record revealed: -admission date of 1/28/11; -diagnoses of Major Depressive Disorder, OCD(Obsessive Compulsive Disorder), Intermittent Explosive D/O, IDD-Mild, Brittle Diabetes, Insomnia and GERD; -physician's order dated 8/23/21 for Tolfaftate Powder apply once daily as needed.	V 120		

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V 120	Continued From page 5 Observations on 5/16/22 at 10:10am of client #2's medications revealed Tolfaftate Powder apply once daily as needed not with his other medications. Interview on 5/16/22 with staff #1 revealed: -unable to find client #2's Tolfaftate Powder apply once daily as needed; -know he has the powder; -not in his medication box. Further observations on 5/16/22 at 10:25am revealed client #2's Tolfaftate Powder apply once daily as needed stored in client #1's prn medication box.	V 120		