		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL059-071	B. WING		06	R 5/28/2022
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		145 LUK	IN STREET			
ESIMA	RION SUPERVISED LIVI	NG MARION	I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	;	V 000			
		up survey was completed ficiencies were cited.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.				
	This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.					
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS					
	(g) Employee training	tion shall be documented. g programs shall be nimum, shall consist of the				
	following: (1) general organiza					
	(2) training on client	rights and confidentiality as AC 27C, 27D, 27E, 27F and				
	(3) training to meet to client as specified in the specif	the mh/dd/sa needs of the the treatment/habilitation				
	plan; and (4) training in infection bloodborne pathogen					
	.5602(b) of this Subcl	ed under 10a NCAC 27G hapter, at least one staff ilable in the facility at all				
	times when a client is member shall be train	present. That staff				
	to provide cardiopulm trained in the Heimlic	nonary resuscitation and h maneuver or other first aid				
	the American Heart A	nose provided by Red Cross, ssociation or their ring airway obstruction.				

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
			A. BUILDING:				
		MHL059-071	B. WING		06	R / 28/2022	
ME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
EST MA	RION SUPERVISED LIV	NG	IN STREET I, NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 108	Continued From page	e 1	V 108				
	reporting, investigatir	dy shall develop and nd procedures for identifying, ng and controlling infectious iseases of personnel and					
	in basic first aid and resuscitation (CPR) f #1). The findings are Review on 6-22-22 o -Hire date of 1-20-22	ensure that staff were trained cardiopulmonary or 1 of 3 audited staff (Staff : f Staff #1 file revealed:					
	-He was certified and wallet.	with Staff #1's revealed: I kept the physical card in his en he was robbed "about a					
	another job." -Staff #1 does not ha -"It is what it is. We v	d: ied when he came to us from ve the card. vill take the hit on that." ating shift schedule with only					
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	10A NCAC 27G .020						

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL059-071	B. WING			R / 28/2022
AME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
	RION SUPERVISED LIVI	NG 145 LUK	IN STREET			
		MARION	I, NC 28752			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	2	V 118			
	 only be administered order of a person autil drugs. (2) Medications shall clients only when autil client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for add (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recorr 	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug; drug is administered; and person administering the r medication changes or ded and kept with the MAR pointment or consultation				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL059-071	B. WING		06	R / 28/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
VEST MA	RION SUPERVISED LIV	ING	IN STREET I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 3	V 118			
		udited clients (Client #1, #3). The findings are:				
	-Date of Admission-1 -Diagnoses included- Disability), Schizoaffe (hypertension), Hype (Gastroesophageal F Hypothyroidism, Typ- Disorder with antisoco Review on 6/22/22 or medications dated 1/ -Atorvastatin Calcium (cholesterol)- take 1 -Calcium Citrate 950 tabs twice a day. -Clonazepam 1mg (a day. -Clozapine 100mg (a -Guanfacine 1mg (hig three times daily. -Haloperidol 5mg (and day. -Prazosin 2mg (antih night. -Pre-natal formula (s dinner.	- Mild ID (Intellectual ective Disorder, HTN erlipidemia, GERD Reflux Disease), e II Diabetes, Personality cial traits. f physician ordered '25/22 for Client #1 included:				
	April-June 2022 reve -Atorvastatin Calcium -Calcium Citrate was -Clonazepam was bla -Clozapine was blan	n was blank on 5/31/22. blank on 5/31/22 PM dose. ank on 5/31/22 PM dose.				

Division of Health Service Regulation STATE FORM

6899

TATEMENT	of Health Service Regination of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY
		MHL059-071	B. WING		06	R / 28/2022
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		12012022
	RION SUPERVISED LIV	ING 145 LUP	KIN STREET N, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 4	V 118			
	-Prazosin was blank -Pre-natal formula w					
	Review on 6/22/22 of Client #2's record revealed: -Date of Admission-1/3/22 -Diagnoses included- Mild ID, Bipolar Disorder without psychotic features, Paranoid Schizophrenia, Nicotine Dependence, Alcohol Dependence, Diabetes					
	-Haloperidol 10mg (a and midday.	f physician ordered /25/22 for Client #2 included: antipsychotic) 1 tab every AM ntidepressant) 1 tab at night.				
	April-June 2022 reve -Haloperidol was bla for PM doses. -Sertraline was circle	nk on 5/21/22 and 5/22/22 ed on 5/5/22-5/8/22 and noted medication was not				
	-Date of Admission-1 -Diagnoses included Hyperlipidemia, GEF Obstructive Pulmona (Hypertension), Mild Disorder, insomnia, I Nigra), CAD (corona	- Diabetes mellitus Type II, RD, COPD (Chronic ary Disease), HTN ID, Schizophrenia, Bipolar DPN (Dermatosis Papulosa ry artery disease), , Degenerative Disc Disease				
	Review on 6/22/22 o medications dated 1/	f physician ordered /25/22 for Client #3 included:				

STATE FORM

MHL059-071 B. WING West of Provider or supplier STREET ADDRESS, CITY, STATE, ZIP CODE Mest of Providers of Supplier 145 LUKIN STREET MARION, NC 28752 West MARION SUPERVISED LUVING 145 LUKIN STREET MARION, NC 28752 Mest Marion, NC 28752 Providers PLAN OF CORRECTIVE ACTION SHOULD be (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER's PLAN OF CORRECTIVE ACTION SHOULD be CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER's PLAN OF CORRECTIVE ACTION SHOULD be CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 118 Continued From page 5 V 118 - Asenapine 10mg (antipsychotic) 1 tab under the tongue twice daily. -Carbidopa-Levodopa 25-100mg (Parkinson's) 1 tab 4 times daily. -Diclofenac Solution 1% gel (anti-inflammatory) apply 4 grams to affected knee 4 times daily ordered 4/6/22. V 118 Review on 6/22/22 of MARs for Client #3 from April-June 2022 revealed: Asenapine was circled on 4/29/22 am dose. Exceptions noted medication was not available for administration, -Carbidopa-Levodopa was blank on 6/21/22 at the 12 pm dose Interview on 6/23/22 with the Staff #3 revealed: -She was a cettified paramedic. -She was a cettified paramedic. -She was a cettified paramedic. -She was a cettified paramedic.	(X3) DATE SURVEY COMPLETED	
WARE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WEST MARION SUPERVISED LIVING 145 LUKIN STREET MARION, NC 28752 (M) 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) V 118 Continued From page 5 -Asenapine 10mg (antipsychotic) 1 tab under the tongue twice daily. -Carbidopa-Levodopa 25-100mg (Parkinson's) 1 tab 4 times daily. -Diclofenac Sodium 1% gel (anti-inflammatory) apply 4 grams to affected knee 4 times daily ordered 4/6/22. V 118 Review on 6/22/22 of MARs for Client #3 from April-June 2022 revealed: Asenapine was circled on 4/29/22 am dose. Exceptions noted medication was not available for administration. -Carbidopa-Levodopa was blank on 6/21/22 at the 12 pm dose -Diclofenac was blank on 6/21/22 at the 12 pm dose Interview on 6/23/22 with the Staff #3 revealed: -She was responsible for medication oversite and for reorders/refills as well as training staff to use		
WEST MURCH SUPERVISED LIVING 145 LUKIN STREET MARION, NC 28752 Image: Construct of the state state of the state of the state of the state of the s	R 6/28/2022	
WEST MARION SUPERVISED LIVING MARION, NC 28752 (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 DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 5 V 118 -Asenapine 10mg (antipsychotic) 1 tab under the tongue twice daily. -Carbidopa-Levodopa 25-100mg (Parkinson's) 1 tab 4 times daily. -Carbidopa-Levodopa 25-100mg (Parkinson's) 1 tab 4 times daily. -Diclofenac Sodium 1% gel (anti-inflammatory) apply 4 grams to affected knee 4 times daily ordered 4/6/22. V 118 Review on 6/22/22 of MARs for Client #3 from April-June 2022 revealed: Asenapine was circled on 4/29/22 am dose. Exceptions noted medication was not available for administration. -Carbidopa-Levodopa was blank on 6/21/22 at the 12 pm dose -Diclofenac was blank on 6/21/22 at the 12 pm dose Interview on 6/23/22 with the Staff #3 revealed: -She was a certified paramedic. -She was a certified paramedic. -She was a certified paramedic. -She was a certified paramedic.		
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 their MAR system. Client #1 likely did receive his medications the evening of 5/31/22 as staff apparently failed to save their entries into the electronic system. There were no extra medications when she reviewed the actual medication packets. Client #2 missed his Sertraline for 5 days because staff did not inform her that he was out of medications. Client #3 did receive his Asenapine on 4/29/22 although it was late, as she picked up the prescription on her way in to work that morning. She was unable to change the electronic MAR since it was already marked as not available. Client #3 also received the Carbidopa-Levodopa and the Diclofenac on 6/21/22 while he was on a 		

Division of Health Service Regulation STATE FORM

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TATEMENT	of Health Service Reg OF DEFICIENCIES OF CORRECTION					DATE SURVEY	
			A. BUILDING:		R		
		MHL059-071	B. WING			/28/2022	
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
EST MA	RION SUPERVISED LIV	/ING	(IN STREET 1, NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE	
V 118	the community. -She had provided n remind them of the r manner when medic also provided severa MAR system. Due to the failure to medication administr	numerous trainings for staff to need to notify her in a timely rations needed reorder. She al trainings on the electronic accurately document ration, it could not be received their medications	V 118	DEFICIENCY	1		