STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-075	A. BUILDING: _____ B. WING _____	R 07/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BTW HOME CARE SERVICES	2709 GARY ROAD ROCKY MOUNT, NC 27803

(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 and Follow Up Survey was completed 7/18/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for five clients and currently has a census of five. The survey sample consisted of audits of three current clients.	V 000		
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 Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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V 120	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were stored in a locked compartment for two of three audited clients (#1, #4). The findings are: Observation on 7/18/22 at 9:50 AM revealed client #1's Invega and client #4's Haloperidol injections located in the kitchen refrigerator in a box without a lock. Review on 7/18/22 of client #1's record revealed: -Admission date of 7/15/10 -Diagnoses of Schizoaffective, Mild Intellectual Developmental Disability (IDD), Depression, Cocaine/Marijuana/Alcohol Abuse -Physician's order dated 7/6/22 revealed Invega Sustenna 156 mg every four weeks Review on 7/18/22 of client #4's record revealed: -Admission date of 8/30/07 -Diagnoses of Mild IDD, Altered Mental Status, Schizophrenia and Major Depressive Disorder -Physician's order dated 7/6/22 revealed Haloperidol 100 mg every two weeks. Interview on 7/18/22 staff #1 stated: -Did not realize the box was not locked. -Had a lock and key to the box, will put it on today. -Not sure how long it had been without a lock. -These are the clients injections that the Qualified Professional (QP)/Registered Nurse (RN) came by to administer.	V 120		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 2 EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, attractive manner. Observation on 7/18/22 at 9:45 AM -Smoke detector was chirping in the hallway. Interview on 7/18/22 staff #1 stated: -Had not heard the smoke detector chirping. -Did not realized the battery was low. -Had batteries in the facility and will change it immediately. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]	V 736		