		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL043-090 B. WING		07/	07/20/2022	
NAME OF I	PROVIDER OR SUPPLIER		REET ADDRESS, CITY, STATE, ZIP CODE			
			AS DICKENS			
MARTIN		LILLING	TON, NC 2754	6		
(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 ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey w Deficiencies were c	as completed on 7/20/22. ited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.					
	This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, inclusion administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administered current. Medication and all drugs administered mAR is to include the (A) client's name; (B) name, strength, (C) instructions for a figure of a person of	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

	of Health Service Re						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED			
		MHL043-090	090 B. WING		07/	07/20/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
MARTIN		61 THOM	AS DICKENS	ROAD			
WARTIN		LILLINGT	ON, NC 2754	6			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLETE	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
V 118	Continued From pa	ige 1	V 118				
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation					
	interviews, the facil medication was adu of a physician affect	views, observations and ity failed to ensure the ministered on the written order sting 1 of 2 audited clients (#1) kept current and for 1 of 2					
	revealed: - Admitted: 11/7/ - Diagnosis: Prof Disabilities, Seasor Cholesterol - Physician's ord - Quetiapine tablet (tab) at bedti	found Intellectual Development nal Rhinitis, and Elevated er dated 6/26/22 revealed: Fumarate 25 milligram (mg)					
	medication box rev - Quetiapine Fur 4/8/22 - Quetiapine Fur from pharmacy on - Lorazepam 0.5	narate 25 mg tab expired narate 25 mg tab dispensed 7/6/22. mg tab PRN expired 10/8/21 mg tab dispensed from					

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL043-090	B. WING		07/	20/2022
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
MARTIN			IAS DICKENS TON, NC 2754			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	 Interview on 7/14/22 the CEO (Chief Executive Officer) reported: She would take the expired medications back to the pharmacy for disposal. She administered both medications but did not administer the medications from the expired bottles. 					
	Due to the expired and current medications being mixed together in the client medication box, it could not be determined if the client received the expired medications or current medications as ordered by the physician.					
	revealed: - Admitted: 3/14/ - Diagnoses: Inte Bipolar disorder, Ma and Severe Mental - Physician order - Guaifenesi (PRN) - Physician order - Tricor-Fence (cholesterol) - There were no following medicatio - Cetirizine H	ermittent Explosive disorder, anic with Psychotic Features, Retardation r dated 6/20/22 revealed: n 100mg/5ml (milliliter) syrup r dated 6/26/22 revealed: ofibrate 145mg tab - 1 tab daily physician orders for the ns: HCL 100mg y Men's Formula 60mg Omg	/			
	medications reveale - Guaifenesin 10 Tricor-Fenofibrate 2 medication box.	4/22 at 11:00am of client #2's ed: 0mg/5ml syrup and 145mg were available in the nedications were not available				

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		、 <i>,</i>	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL043-090	B. WING		07/	20/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MARTIN			IAS DICKENS TON, NC 2754			
(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 DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From pa	ide 3	V 118	DEFICIEN	51)	
110		-	VIIIO			
	in the medication b - Cetirizine H					
		y Men's Formula 60mg				
	- Prilosec 20mg					
	- Vitamin C 500 mg					
	Review on 7/14/22 of Client #2's May - July 2022					
	MARs revealed:					
	The following medications initialed by staff as					
	having being administered daily:					
	 Cetirizine HCL 100mg, 1 tab at bedtime Vitamin C 500mg, 1 tab daily 					
	 Prilosec 20mg, 1 tab daily at 8am 					
	- One-A-Day Men's Formula 60mg, 1 tab daily					
	The following medications were not listed on the					
	MARs:					
	- Tricor-Fenofibrate 145mg					
	- Guaifenesin 100mg/5ml syrup					
	Interview on 7/14/22 the Pharmacy Technician					
	reported:					
	- Never had a physician order for Prilosec.					
		discontinued (d/c) April 2021. d/c'd November 2020.				
		physician's order for				
	One-A-Day Men's F					
		prescription when a physiciar	1			
	sends in a d/c order.					
	- They didn't know this was a group home "fill"					
	because they could have been pre-printing the					
	MARs but in this case, the provider filled out her					
	own MARs.					
	Interview on 7/14/22 with the CEO reported:					
	- She must have forgetten to put the					
	Guaifenesin syrup on the MAR and would add it					
	on there.					
		e Tricor-Fenofibrate was not or	ן			
	the MAR but could	add it. Id her that any of the above				
	ealth Service Regulation	in the that any of the above				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL043-090	B. WING		07/	20/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MARTIN			IAS DICKENS TON, NC 2754			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	 Continued From page 4 medications were d/c'd. The pharmacist should have told her that the doctor d/c'd the medications. "I'm signing off on meds that's been d/c'd." "I'm screwed because no one told me." She would go back to the doctor to get client #2's medications right. Observation on 7/14/22 at 12:15pm, the Licensee hung up on the pharmacy technician without the pharmacy technician being able to continue explaining about the medications that were d/c'd. Interview on 7/20/22 the CEO reported: She went back to the doctor to get client #2's medications "straight" and they were put back on the orders as PRNs. The doctor's office told her to mark the MARs as errors and from this day forward to follow the physician orders. 					