STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.				
		MHL047-168	B. WING		08/0	9/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SISTERL	Y LOVE		B POND ROA D, NC 28376	D			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs .	V 000				
	An annual survey w 2022. Deficiencies	vas completed on August 9, were cited.					
		sed for the following service C 27G .5600A Supervised h Mental Illness.					
		sed for 5 and currently has a urvey sample consisted of clients.					
V 121	27G .0209 (F) Med	ication Requirements	V 121				
	governing body or of for obtaining a review regimen at least even shall be to be performable physician. The ones the client's physician the review when more (2) The findings of the control of the contr	w: ives psychotropic drugs, the operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or site manager shall assure that n is informed of the results of edical intervention is indicated. the drug regimen review shall client record along with					
	failed to obtain drug three of three client received psychotro	et as evidenced by: views and interview the facility g reviews every six months for s (#1, #2 and #3) who pic drugs. The findings are: f Client #1's record revealed:					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL047-168	B. WING		08/0	9/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SISTERL	Y LOVE		POND ROA				
	018444574074		D, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 121	Continued From pa	ge 1	V 121				
	-Olanzapine 20 at nightBenztropine 1 -Trazodone 50 -Physician's order of 50 mgA sheet of paper lis was given. It was not lit was unknown pur signed by Client #1' There was nothing Client #1's medication.	ophrenia. dated 10/19/21: one tablet once a day. ong, Dissolve 1 tab on tongue ong, one tablet twice a day. ong, one tablet at bedtime. dated 8/1/22 for Hydroxyzine ot labeled as "Drug Reviews." opose of the list. It was not 's physician or the pharmacist. written on the sheet regarding ions. ence of a six months					
	-Admission date of -Diagnoses of Schi: Developmental Disa HyperlipidemiaPhysician's order of -Benztropine 0. as needed for musical endors of twice a day. Review on 8/9/22 of -Admission date of -Diagnoses of Schi: Developmental Disa HyperlipidemiaPhysician's orders -Quetiapine Fundaily at bedtime.	zophrenia; Intellectual ability; Diabetes; dated 6/20/22: 5 mg, One tablet twice a day cle cramps. mg, one tablet twice a day. nate 300 mg, two capsules f Client #3's record revealed: 3/10/20. zophrenia; Intellectual ability; Diabetes;					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-168	B. WING		08/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SISTERI	Y LOVE		B POND ROA D, NC 28376	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 121	hours as needed for Interview on 8/9/22 Professional reveal -She was under the reviews had been of had given them a s-She confirmed the	5 mg, one tablet every six or anxiety. with the Qualified ed: e impression that the drug conducted and the pharmacist heet with the results. six months psychotropic drug 1, Client #2 and Client #3	V 121			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	failed to ensure factin a clean, safe and findings are: Observation on 8/9 breakfast/family rodured the bottom seat custom chair. -The handle and localing in a clean class of the safe control cont	ion and interview, the facility ility grounds were maintained attractive manner. The				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL047-168	B. WING		08/	09/2022
NAME OF I	PROVIDER OR SUPPLIER	170 CLU	DDRESS, CITY, S B POND ROA D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 736	door was held closed Observation on 8/9/kitchen area reveale Linoleum flooring had not in place. Observation on 8/9/dining area revealed. The dining table had from the top broken. Observation on 8/9/Living area revealed. There was a large large couch. Observation on 8/9/Client #4's bedroom. The carpet was wonear the door. Carpon Client #1's bedroom. Several stains on Observation on 8/9/Clients #3 and #5 re. There were several Observation on 8/9/Outside revealed: Wood flooring from. There was also an deck. There was a piece leaning against the	ed with a 2X4 piece of wood. /22 at about 12:13 pm of the ed: ad tiles that were missing or /22 at about 12:15 pm of the d: ad several laminate pieces off or missing. /22 at about 12:17 pm of the d: hole on the wall behind the /22 at about 12:22 pm of on revealed: orn down. It had several holes bet also had several stains. /22 at about 12:25 pm of on revealed: the carpet. /22 at about 12:27 pm of evealed: all stains on carpet. /22 at about 12:30 pm of the on back deck was rotten. old broken chair on top of the of plywood on the ground front porch wall.	V 736			
	Interview on 8/9/22	with the Qualified				

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ll E711 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL047-168	B. WING		08/0	9/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SISTERLY LOVE 170 CLUB POND ROAD RAEFORD, NC 28376						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 736	Professional reveal -Facility was respor -Hole on the wall by by a picture that ha made the hole on th -She was going to t soonHole on the wall wa fellShe acknowledged	ed: nsible for its own repairs. the living area was reacted do been hanging. It fell and ne wall. ry to shampoo the carpets as created by a picture that do the facility failed to ensure the maintained in a clean, safe	V 736			

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