	IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-149	B. WING		07/28/2022		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
THE ENC	DLA GROUP/JC HOU	SF	VE STREET NTON, NC 286	555			
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	TS	V 000				
	An annual survey v Deficiencies were o	vas completed on 7/28/22. cited.					
		sed for 2 and currently has a survey sample consisted of					
V 116	27G .0209 (A) Med	lication Requirements	V 116				
	written order of a p licensed to prescrib (2) Dispensing sha pharmacists, physic practitioners author with the North Carco permit to operate a nurse or other desi physician or other h dispensing so long and its contents are approved by the au dispensing. (3) Methadone For supplied to a client service in a propert registered nurse er pursuant to the req	ensing: all be dispensed only on the hysician or other practitioner					
vision of H	TREATMENT PRO	OGRAMS BY RN. Supplying of considered dispensing.					

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STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL012-149	B. WING		07/2	28/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE ENG	OLA GROUP/JC HOU	SF	/E STREET NTON, NC 286	555		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 116	(4) Other than for e not possess a stoc for the purpose of o pharmacist and obt Board of Pharmacy locked supply of pr Samples shall be d	age 1 emergency use, facilities shall k of prescription legend drugs dispensing without hiring a taining a permit from the NC y. Physicians may keep a smal escription drug samples. lispensed, packaged, and nce with state law and this	V 116			
	Based on observat interviews the facili of medications was physicians or other authorized by law a	et as evidenced by: ions, record reviews and ty failed to ensure dispensing restricted to pharmacists, health care practitioners and registered with the North Pharmacy affecting 1 of 1 clien dings are:	t			
	10:00am revealed a of Centrum multivit	8/22 at approximately a small over the counter bottle amin with an expiration date of with other prescribed ent #1.				
	-Date of admission -Diagnoses-Autism Attention Deficit Hy and Allergic Rhinitis -Physician ordered included:	n, Mild Intellectual Disability, peractivity Disorder (ADHD) s. medications on 5/2/22				
vision of H						

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL012-149	B. WING		07/	28/2022
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
THE ENG	OLA GROUP/JC HOU	SF	VE STREET NTON, NC 286	555		
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 116	Continued From pa	ige 2	V 116			
	-Multivitamin was every am.	s administered at 7:00am				
	-She bought large l local club store and bottle because the the lock box.	2 with Staff #1 revealed: bottles of multivitamins at a I had put some tablets in this large bottle would not fit into e this was considered				
	Professional (QP) r -She was not aware	2 with the Qualified evealed: e this was dispensing and check during monthly visits.				
V 117	27G .0209 (B) Med	lication Requirements	V 117			
	 Non-prescriptic dispensed by a pha manufacturer's labor visible; Prescription me or obtained as sam tamper-resistant par risk of accidental in packaging includes with tamper-resista unit-of-use package may be adequate; The packaging drug dispensed mu (A) the client's nam the prescriber's (C) the current disp 	kaging and labeling: on drug containers not armacist shall retain the el with expiration dates clearly edications, whether purchased uples, shall be dispensed in ackaging that will minimize the gestion by children. Such a plastic or glass bottles/vials int caps, or in the case of ed drugs, a zip-lock plastic bag label of each prescription ist include the following: ne; s name;	I			

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL012-149	B. WING		07//	28/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE ENG	DLA GROUP/JC HOUS	SF	E STREET TON, NC 286	555			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 117	Continued From pa	ge 3	V 117				
	(E) the name, strerdate of the prescrib(F) the name, addrpharmacy or disper	ngth, quantity, and expiration					
	review, the facility	et as evidenced by: ions, interviews, and record ailed to ensure all prescription ole for administration were not ient (Client #1). The findings					
	10:00am of medica	8/22 at approximately tion box for Client #1 revealed • bottle of Vitamin D3 with an /2022.					
	-Date of admission- Diagnoses-Autism Attention Deficit Hy and Allergic Rhinitis	, Mild Intellectual Disability, peractivity Disorder (ADHD)					
	-Vitamin D3 1000 (supplement) - 1 ca and Fridays. -Review on 7/28/22 administration reco -Vitamin D3 was	initialed as administered 7/1,					
		7/13, 7/15, 7/18, 7/20, 7/22, fter medication had expired.					

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL012-149	B. WING		07/	28/2022	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE	1 077		
THE ENC	DLA GROUP/JC HOU	SE 108 POW	E STREET ITON, NC 286				
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 117	Continued From pa	age 4	V 117				
	-She recently boug bottles and was no already expired. -She would immedi bottle and purchase Interview on 7/28/2 Professional (QP) r	o check expiration dates					
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