STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		MHL059-092	B. WING		08/25/2022		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	T ADDRESS, CITY, STATE, ZIP CODE				
OWAN H	OME		KE TAHOMA ROAD 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLET		
V 000	INITIAL COMMENTS		V 000				
	An annual survey was 2022. Deficiencies we	s completed on August 25, ere cited.					
	-	d for the following service 27G .5600F Supervised Family Living.					
	The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.						
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	 only be administered order of a person auti drugs. (2) Medications shall clients only when auti 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 ac (D) date and time the 	istration: 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;					

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		MHL059-092			08	/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
GOWAN F	IOME		KE TAHOMA ROAI 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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 118	(5) Client requests for checks shall be recor	e 1 r medication changes or ded and kept with the MAR pointment or consultation	V 118			
	review, the facility fail administered were re immediately after adm clients (Clients #1, #2 MARs current for 1 of and failed to have a p	n, interview and record ed to ensure medications corded on the MAR ninistration for 3 of 3 audited 2 and #3); failed to keep the 5 3 audited clients (Client #2) obysician order to ations for 1 of 3 audited				
	-Date of admission: 9 -Diagnoses of Modera Developmental Disab Epilepsy, Mood Disor Disorder, Hypertensio Reflux Disease, and V -Physician orders dat -Aripiprazole 15 times a day. -Benztropine Me	ate Intellectual ility (IDD), Idiopathic der, Disruptive Behavior on, GastroEsophageal Vitamin D Deficiency. ed 4/16/22 included: milligrams (mg) - 1 tablet 2 sylate 1 mg - 1 tablet daily.				
	bedtime. -Lamotrigine 150 day. -Lisinopril 10 mg	g - 1 tablet 2 times a day.				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/25/2022	
		MHL059-092				
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GOWAN H	IOME		KE TAHOMA ROAD , NC 28752)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	COMPLET DATE
V 118	Continued From page	2	V 118			
	-Risperdal 0.5 m -Sertraline HCL 2 -Trazodone HCL Observation on 8/24/2	odium 40 mg - 1 tablet a day. g - 1 tablet at bedtime. 25 mg - 1 tablet at bedtime. 50 mg - 1 tablet at bedtime. 22 @ 4:51 p.m. of Client				
	#1's medications revealed:-all the above medications were present and matched the physician's orders.					
	July and August 2022 -The following dates i indicate the medicatio	n July had no initials to on was given as ordered. 7/9/22 p.m., and 7/14/22,				
	7/17/22.	e 1 mg - 7/15/22, 7/16/22, te 0.2 mg - 7/9/22 and				
	7/14/22, 7/15/22, 7/16 -Lamotrigine 150 mg	6/22, 7/17/22. - 7/9/22 p.m., and 7/14/22,				
		7/22 p.m. 5/22, 7/16/22, 7/17/22. /15/22, 7/16/22, 7/17/22.				
	-Multivitamin - 7/15/22 -Pantoprazole Sodiun					
	7/17/22. -Risperdal 0.5 mg - 7/ 7/16/22, 7/17/22.	/9/22 and 7/14/22, 7/15/22,				
	7/15/22, 7/16/22, 7/17 -Trazodone HCL 50 n	ng - 7/9/22 and 7/14/22,				
	7/15/22, 7/16/22 7/17 Review on 8/24/22 of	/22. Client #2's record revealed:				
	-Date of admission - -Diagnoses of Mild ID	12/1/20. D, Attention-Deficit				
	Hyperactive Disorder Intermittent Explosive Diabetes Mellitus.	, Bipolar Disorder, Disorder, Depression and				

ealth Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL059-092		B. WING		08	/25/2022
DER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
E)		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
ntinued From page	3	V 118			
-Amantadine 100 -Aripiprazole 30 m -Depakote ER (e le every p.m. -Flonase 50 micro ch nostril daily. -Guanfacine 2 m -Oxcarbazepine 3 -Oxcarbazepine 3 -Trazodone 1 m -Sertraline HCL 5 -Trazodone HCL dtime. -UREA 20% topic ly for 14 days then -Vitamin D 5,000 here were no order dications. servation on 8/24/2 dications revealed the above medica tched the physicia view on 8/25/22 of y and August 2022 speridone 0.5 mg of lered 1 mg. ertraline HCL 25 mg lered 50 mg. he following dates i ials to indicate the lered: nantadine 100 mg	 mg - 1 capsule 2 times a mg - 1 tablet daily. xtended release) 250 mg - 1 ograms (mcg) - 2 sprays in g - 1 tablet 2 times a day. 300 mg - 1 tablet 2 times a ing - 1 tablet at bedtime. 50 mg - 1 tablet daily. 100 mg - 1 tablet daily. 100 mg - 1 tablet at cal cream - apply to heels as needed. - 1 tablet a day. s to self-administer any 22 at 4:52 p.m. of Client #2's tions were present and n's orders. Client #2's MARs for June, revealed: on all 3 months instead of g all on 3 months instead of n June and July had no medication was given as - 6/18/22, 6/19/22 a.m.; 				
	DER OR SUPPLIER SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR I Intinued From page nysician's orders da -Amantadine 100 /- -Aripiprazole 30 r -Depakote ER (e le every p.m. -Flonase 50 micr ch nostril daily. -Guanfacine 2 m -Oxcarbazepine 3 /- -Risperidone 1 m -Sertraline HCL 5 -Trazodone HCL dtime. -UREA 20% topic ly for 14 days then -Vitamin D 5,000 here were no order: dications. servation on 8/24/2 dications revealed the above medica tched the physicial view on 8/25/22 of y and August 2022 speridone 0.5 mg of lered 1 mg. ertraline HCL 25 mg lered 50 mg. he following dates i ials to indicate the lered: mantadine 100 mg 7/22, 6/18/22 p.m.	IDENTIFICATION NUMBER: MHL059-092 DER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 3 nysician's orders dated 4/16/22 included: -Amantadine 100 mg - 1 capsule 2 times a /. -Aripiprazole 30 mg - 1 tablet daily. -Depakote ER (extended release) 250 mg - 1 le every p.m. -Flonase 50 micrograms (mcg) - 2 sprays in ch nostril daily. -Guanfacine 2 mg - 1 tablet 2 times a day. -Oxcarbazepine 300 mg - 1 tablet 2 times a day. -Oxcarbazepine 300 mg - 1 tablet 2 times a /. -Risperidone 1 mg - 1 tablet at bedtime. -Sertraline HCL 50 mg - 1 tablet daily. -Trazodone HCL 100 mg - 1 tablet at ttime. -UREA 20% topical cream - apply to heels ly for 14 days then as needed. -Vitamin D 5,000 - 1 tablet a day. ere were no orders to self-administer any dications. servation on 8/24/22 at 4:52 p.m. of Client #2's dications revealed: the above medications were present and tohed the physician's orders. view on 8/25/22 of Client #2's MARs for June, y and August 2022 revealed: speridone 0.5 mg on all 3 months instead of lered 1 mg. ertraline HCL 25 mg all on 3 months instead of lered 1 mg. ertraline HCL 25 mg all on 3 months instead of lered 50 mg. te following dates in June and July had no ials to indicate the medication was given as lered: nantadine 100 mg - 6/18/22, 6/19/22 a.m.; 7/22, 6/18/22 p.m.; 7/15/22, 7/16/22, 7/17/22	IDENTIFICATION NUMBER: A. BUILDING: MHL059-092 B. WING DER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Intinued From page 3 V 118 hysician's orders dated 4/16/22 included: -Amantadine 100 mg - 1 capsule 2 times a /. V 118 -Aripiprazole 30 mg - 1 tablet daily. -Depakote ER (extended release) 250 mg - 1 le every p.m. -Flonase 50 micrograms (mcg) - 2 sprays in ch nostril daily. -Guanfacine 2 mg - 1 tablet 2 times a day. -Oxcarbazepine 300 mg - 1 tablet 2 times a day. -Oxcarbazepine 300 mg - 1 tablet 4 at dtime. -Sertraline HCL 50 mg - 1 tablet at dtime. -UREA 20% topical cream - apply to heels ly for 14 days then as needed. -Vitamin D 5,000 - 1 tablet a day. -Vitamin D 5,000 - 1 tablet a day. -vitamin D 5,000 - 1 tablet a day. ere were no orders to self-administer any dications. servation on 8/24/22 at 4:52 p.m. of Client #2's dications revealed: the above medications were present and tohed the physician's orders. view on 8/25/22 of Client #2's MARs for June, y and August 2022 revealed: speridone 0.5 mg on all 3 months instead of lereed 1 mg. erred: nantadine 100 mg - 6/18/22, 6/19/22 a.m.; 7/122, 6/18/22 p.m.; 7/15/22, 7/16/22, 7/17/22	IDENTIFICATION NUMBER: A BUILDING: MHL059-092 B. WING DER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES 100 PRECTORY WARK PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRECENC Nysician's orders dated 4/16/22 included: -Arapitrazional data data data data data data data da	IDENTIFICATION NUMBER: A. BUILDING: COM MHL059-092 B. WING 08 DER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 1389 LAKE TAHOMA ROAD MRION, NC 28752 Image: Consult of the consult of th

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-092	B. WING		08	8/25/2022
AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
OWAN H	IOME	1389 LA	KE TAHOMA ROAD)		
		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) COMPLE DATE
V 118	Continued From page	9 4	V 118			
	6/17/22, 6/18/22, 7/14 7/17/22. -Flonase 50 microgra 6/19/22, 7/15/22, 7/1 -Guanfacine 2 mg - 6 6/17/22, 6/18/22 p.m. a.m.; 7/14/22, 7/15/22 -Oxcarbazepine 300 f 6/17/22, 6/18/22 p.m. a.m.; 7/14/22, 7/15/22 -Risperidone 0.5 mg 7/15/22, 7/16/22, 7/17 -Sertraline HCL 25 m 7/15/22, 7/16/22, 7/17 -Sertraline HCL 25 m 7/15/22, 7/16/22, 7/17 -Trazodone HCL 100 7/14/22, 7/15/22, 7/16 -UREA 20% topical ct 7/15/22, 7/16/22, 7/17 -Vitamin D 5,000 - 6/ 7/16/22, 7/17/22. Observation and inter approximately 4:55 p. Client #2 revealed: -AFL Provider #1 ask that cream in his roor -Client #2 brought the topical cream from his -Client #2 said his he used the cream in a v Review on 8/24/22 of -Date of admission - Diagnoses of Parance Hyperlipidemia, and V -Physician's orders da -Amitriptyline HC bedtime.	6/22, 7/17/22. /18/22, 6/19/22 a.m.; ; 7/15/22, 7/16/22, 7/17/22 2, 7/16/22, 7/17/22 p.m. mg - 6/18/22, 6/19/22 a.m.; ; 7/15/22, 7/16/22, 7/17/22 2, 7/16/22, 7/17/22 p.m. - 6/17/22, 6/18/22, 7/14/22, 7/22. g - 6/18/22, 6/19/22, 7/22. ream - 6/18/22, 6/19/22, 7/22. 18/22, 6/19/22, 7/15/22, rview on 8/24/22 at .m. with AFL Provider #1 and ed Client #2 if he still had n and asked him to go get it. e container of UREA 20% s room. els were fine and he hadn't vhile. 7 Client #3's record revealed: 1/27/21. oid Schizophrenia, /itamin D Deficiency.				

8/25/2022
(X5) COMPLET DATE

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL059-092	B. WING		08	/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GOWAN H	IOME		KE TAHOMA ROAD , NC 28752)		
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V 118	Continued From page	9 6	V 118			
	Interview on 8/24/22 revealed: -On the night of 7/14/ record (EMR) would r remembered letting th -This was why the rer the system had not be -He did not have pape time the EMR was do Due to the failure to a medication administra	with AFL Provider #1 22 the electronic medication not let him log in and ne office know. mainder dates were blank as een fixed yet. er MARs to complete at the wn. accurately document ation, it could not be received their medications				
V 131	Verification G.S. §131E-256 HEA REGISTRY (d2) Before hiring hea health care facility or health care facility sha	HCPR - Prior Employment LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.	V 131			
	failed to access the H Registry (HCPR) prio (AFL Provider #1). Th	ew and interview, the facility lealth Care Personnel r to hiring 1 of 3 audited staff				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-092	B. WING		00	8/25/2022	
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,		00	0/20/2022	
SOWAN H	OME		KE TAHOMA ROAD				
	SUMMARY ST		I, NC 28752	PROVIDER'S PLAN O		(YE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 131	Continued From page	e 7	V 131				
	file revealed: -Date of hire: 9/5/19. -HCPR check - Octob						
	Interview on 8/24/22 with the Vice President/Qualified Professional revealed: -He would check with Human Resources and get the original HCPR.						
		f the HCPR provided by the field Professional revealed:					