

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2022
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NAME OF PROVIDER OR SUPPLIER TURNER I	STREET ADDRESS, CITY, STATE, ZIP CODE 317 TURNER STREET LINCOLNTON, NC 28092
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on August 26, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Individuals of all Disability Groups.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey samples consisted of audits of 3 current clients.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to assure corrective action for the drug regimen review was documented in the client record for 1 of 3 audited clients (Client #2). The findings are:</p>	V 121		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 121	<p>Continued From page 1</p> <p>Review on 8/25/22 of Client #2's record revealed: -Date of Admission: 10/14/20. -Diagnoses: Schizoaffective Disorder, Bipolar Type; Intellectual Disability; Hyperlipidemia; Leukopenia; Chronic Kidney Disease; Diverticulitis; History of Seizures; Small Bowel Obstruction; Diabetes Insipidus.</p> <p>Review on 8/26/22 of physician orders for Client #2 revealed: -An order dated 1/19/22 for Thorazine (chlorpromazine) 50 milligrams (mg) by mouth every evening (used as antipsychotic agent) -An order dated 6/13/22 stop Thorazine (chlorpromazine).</p> <p>Review on 8/26/22 of a drug regimen review for Client #2 revealed: -"Current orders as of 6/20/22" included Thorazine (chlorpromazine) 50 mg 1 tablet by mouth every evening. -The review was signed by Client #2's physician on 6/23/22.</p> <p>Interview on 8/26/22 with the Licensed Practical Nurse (LPN) revealed: -The Nurse Practitioner signed the drug regimen review sheet which still listed Thorazine (chlorpromazine). -The Thorazine (chlorpromazine) should have been deleted off the sheet. -It was an error.</p>	V 121		