		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		 	,	
MHL011-422		B. WING		1	08/30/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
INTERLU	JDE		S AVENUE LE, NC 2880	.2		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	An annual and follo on 8/30/22. Deficie	w up survey was completed ncies were cited.				
	category: 10A NCA	sed for the following service C 27G .5100 Community r Individuals of All Disability				
	This facility is licensed for 5 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 2 former clients.					
V 114	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.  (d) Each facility shall have basic first aid supplies accessible for use.		V 114			
	facility failed to hold each shift at least q	et as evidenced by: views and interviews, the I fire and disaster drills on uarterly. The findings are: of fire and disaster drills				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
JENNION BENNION BENNIO		A. BUILDING:				
MHL011-422		B. WING		R 08/30/2022		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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	2		LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	drills having been of September 2021-Al Interview on 8/25/22 -He had been at the -He had not particip had been there. Interview on 8/25/22	2 with Client #1 revealed: e facility about 1 month. eated in any fire drills since he 2 with Staff #1 revealed:				
	-She had worked there about 1 year and had never conducted any fire or disaster drillsWas not aware if the Program Director had conducted drills.					
	Interview on 8/29/22 with the Qualified Professional/Program Director revealed: -He had been Program Director since March 2022The facility ran on 24-hour shifts; usually 4 days					
	according to staff a	e admitted the shifts changed vailability. t done drills since he had been				
	revealed: -She had spoken w Director who indica documented drills of facility officeThe current Progra	2 with the Executive Director ith the previous Program ted she had completed and quarterly and filed them in the am Director could not find any ed drills in the facility.				
V 118	27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS	ication Requirements	V 118			

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M 8MYR11 If continuation sheet 2 of 5

Division of Health Service Regulation			1			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					F	₹
MHL011-422		B. WING		08/3	0/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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INTERLU	IDE		_E, NC 2880	03		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(Y5)
PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				22.10.2.10.1		
V 118	Continued From pa	ge 2	V 118			
	(c) Medication adm	inistration:				
		non-prescription drugs shall				
		ed to a client on the written				
	order of a person a	uthorized by law to prescribe				
	drugs.					
		all be self-administered by				
		uthorized in writing by the				
	client's physician.	cluding injections, shall be				
		by licensed persons, or by				
		s trained by a registered nurse,				
		legally qualified person and				
	privileged to prepar	e and administer medications.				
		Iministration Record (MAR) of				
	_	red to each client must be kept				
		s administered shall be				
	MAR is to include the	ely after administration. The				
	(A) client's name;	ne following.				
		and quantity of the drug;				
		administering the drug;				
		ne drug is administered; and				
		of person administering the				
	drug.	for any Profession Income				
	\ <i>/</i>	for medication changes or				
		orded and kept with the MAR appointment or consultation				
	with a physician.	appointment of consultation				
	mar a priyotolari.					
	This Rule is not me	at as evidenced by:				
		view and interviews, the				
		p the MARs current for 1 of 3				
		ent (FC) #3) and failed to				
		s were administered by				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
					R		
		MHL011-422	B. WING		08/3	0/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
INTERLU	IDE		S AVENUE LE, NC 2880	3			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD E TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		.D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 3	V 118				
	persons trained by a registered nurse (RN) or other legally qualified person for 1 of 3 audited staff (Staff #2). The findings are:  Finding #1 Record review on 8/23/22 for FC #3 revealed: -Date of admission-6/23/22 -Age- 10 years -Date of Discharge-8/18/22 -Diagnoses-Reactive Attachment Disorder -Physician ordered medication on 6/22/22 included: -Melatonin 3mg (milligrams) (for sleep) 2 tablets at bedtime.  Review on 8/25/22 of MARs for June-August 2022 revealed: -Melatonin 3mg was initialed on June 1-10, 2022. (10 doses) -There was no documentation of administration on 6/23/22-6/30/22. (7doses)						
	revealed: -Date of hire- 5/3/22	stration training included 4					
	<ul><li>-She received most service provider.</li><li>-She completed me</li></ul>	2 with Staff #2 revealed: c of her training from another edication administration e did not receive this training nurse.					
	Interview on 8/30/22 with the Executive Director revealed: -Staff #1 was embarrassed she had made that						

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mistake. The Qualified Professional was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			R	
		MHL011-422				30/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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			_E, NC 2880				
(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	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa	nge 4	V 118				
	apparently just following the pattern and not really thinking about what he was doingStaff #2 brought her trainings with her. She was not aware Staff #2 was not trained by a nurse.  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.						

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