

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on September 12, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits or 3 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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

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V 105	Continued From page 1  (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 9/12/22 of the facility's records revealed: -There was no evidence of a CLIA waiver.</p> <p>Review on 9/12/22 of Client #2's record revealed: -Admission date of 3/10/22. -Diagnoses of Schizophrenia; Type 2 Diabetes Mellitus; Hyperlipidemia; Hypertension. Abuse/Dependence. -Physician's orders dated 3/9/22. True Metrix Blood Glucose Monitoring System- Finger Stick Blood Sugar, Check once a day and keep record.</p> <p>Interview on 9/12/22 with the Owner revealed: -Staff checked Client #2's blood sugars. -Client #2 would sometimes check her own sugar level, but staff assisted her often by doing it. -Owner was familiar with the CLIA waiver, but was not aware the group home needed it in order to check Clients #2's blood sugars. -She confirmed the facility failed to have a CLIA waiver in order to complete blood sugar checks.</p>	V 105		
V 108	27G .0202 (F-I) Personnel Requirements	V 108		



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V 108	<p>Continued From page 4</p> <p>Aid for one of two audited staff (Staff #4.) The findings are:</p> <p>Review of the facility's personnel records on 9/12/22 revealed:</p> <ul style="list-style-type: none"> <li>-Staff #4 had a hire date of 11/2021.</li> <li>-Staff #1 was hired as a Paraprofessional.</li> <li>-There was no documentation Staff #4 had training in First Aid.</li> </ul> <p>Interview on 9/12/22 with the Owner revealed:</p> <ul style="list-style-type: none"> <li>-This issue had come up once before when facility received their initial review.</li> <li>-First Aid had been covered when Staff #4 received her training on Cardiopulmonary Resuscitation, but it was not noted on the certificate.</li> <li>-She acknowledged there was no documentation that Staff #4 had completed her training on First Aid.</li> </ul>	V 108		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> </ol>	V 111		

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V 111	<p>Continued From page 5</p> <p>(4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting two of three audited clients (#3 and #4). The findings are:</p> <p>Review on 9/12/22 of client #1's record revealed: -Admission date of 6/1/22. -Diagnosis of Bipolar Disorder, Manic, Severe. -There was no evidence of an admission assessment completed for client #1 prior to the delivery of services.</p> <p>Review on 9/12/22 of client #3's record revealed: -Admission date of 6/3/22. -Diagnoses of Schizophrenia; Intellectual Disability; Bipolar; Chronic Depression;</p>	V 111		

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V 111	Continued From page 6  Prediabetes. -There was no evidence of an admission assessment completed for client #4 prior to the delivery of services.  Interview on 9/12/22 with the Owner revealed: -She was not aware that clients #1 and #3 did not have an admission assessment in their files. -She confirmed that the admission assessment for clients #1 and #3 were not inside their file.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting one of three audited clients (#1). The findings are:</p> <p>Review on 9/12/22 of client #1's record revealed: -Admission date of 6/1/22. -Diagnosis of Bipolar Disorder, Manic, Severe. -There was no evidence a Person Centered Plan had been completed.</p> <p>Interview on 9/12/22 with the Owner revealed: -Facility relied on client's day programs to complete the Person Centered Plans for the clients at the house. -Client #1 attended a day program, but they had not completed her plan yet. -Client #1 had an appointment to complete her plan for later this week. -Owner was a Registered Nurse and also fulfilled the role of the Qualified Professional. -Facility recently opened and she was still learning on the things that needed to be completed. -She confirmed facility failed to have a signed Person Centered Plans for client #1.</p>	V 112		



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V 113	Continued From page 8	V 113		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information</p>	V 113		

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V 113	<p>Continued From page 9</p> <p>relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure documentation of progress toward outcomes was maintained in the clients records for three of three audited clients (#1, #2, and #3). The findings are:</p> <p>Review 9/12/22 of client #1's record revealed: -Admission date of 6/1/22. -Diagnosis of Bipolar Disorder, Manic, Severe. -There was no Person Centered Plan. -There was no documentation of progress toward outcomes in the record.</p> <p>Review 9/12/22 of client #2's record revealed: -Admission date of 3/10/22. -Diagnoses of Schizophrenia; Type 2 Diabetes Mellitus; Hyperlipidemia; Hypertension. -Treatment plan dated 6/27/22. -There was no documentation of progress toward outcomes in the record.</p> <p>Review 9/12/22 of client #3's record revealed: -Admission date of 6/3/22. -Diagnoses of Schizophrenia; Intellectual Disability; Bipolar; Chronic Depression; Prediabetes. -Treatment plan dated 8/17/22. -There was no documentation of progress toward outcomes in the record.</p>	V 113		

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V 113	Continued From page 10  Interview on 9/12/22 with the Owner revealed: -She usually kept a notebook on each client with basic information on services they had gotten. -Staff were responsible for completing documentation. -She would look into creating a grid sheet with each client's goals and staff to complete their daily notes. -She confirmed progress notes toward outcomes had not been documented.	V 113		
V 114	27G .0207 Emergency Plans and Supplies  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.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct disaster drills on every shift at least quarterly. The findings are:  Review on 9/12/22 of the facility's disaster drills	V 114		

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V 114	Continued From page 11  record revealed: -There were no disaster drills recorded.  Interview on 9/12/22 with the Owner revealed: -Facility operated under two shifts. -First shift was from 7:00 AM to 7:00 PM. Second shift was from 7:00 PM to 7:00 AM. -Facility recently opened and she was still learning on the things that needed to be completed. -She confirmed disaster drills had not been performed on every shift at least quarterly.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	<p>Continued From page 12</p> <p>(E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interview, the facility failed to: 1. Ensure medications were available for administration affecting three of three audited clients (#1, #2 and #3;) 2. Failed to keep the Medication Administration Record (MAR) current affecting three of three audited clients (#1, #2 and #3) and 3. Have physician orders for administered medications affecting two of three audited clients (#1 and #3). The findings are:</p> <p>Review 9/12/22 of client #1's record revealed: -Admission date of 6/1/22. -Diagnosis of Bipolar Disorder, Manic, Severe.</p> <p>Review on 9/12/22 of Client #1's physician's order dated 6/1/22 revealed: -Furosemide 40 milligram (mg,) one tablet at night. -Pregabalin 50 mg, one capsule twice a day. -Duloxetine 60 mg, one capsule a day. -Meloxicam 7.5 mg, one tablet twice a day. -Vitamin D 5000 unit, one tablet daily. -Metformin 500 mg, one tablet twice a day. -Pravastatin Sodium 40 mg, one tablet at bedtime.</p>	V 118		

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V 118	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Fluticasone 50 mcg, one spray in each nostril daily.</li> <li>-Albuterol 90 mcg inhaler, two buffs by mouth four times a day as needed.</li> <li>-Trazodone 100 mg, one tablet at bedtime.</li> <li>-Clonazepam 1 mg, one tablet twice a day.</li> <li>-There were no Physician's order for Trazodone 100 mg, one tablet at bedtime as needed.</li> <li>-There were no Physician's order for Clonazepam 1 mg, one tablet twice a day as needed.</li> </ul> <p>Observation on 9/12/22 at 12:30 PM of Client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-Furosemide 40 mg was available.</li> <li>-Pregabalin 50 mg was available.</li> <li>-Duloxetine 60 mg was available.</li> <li>-Meloxicam 7.5 mg was available.</li> <li>-Vitamin D 5000 unit was available.</li> <li>-Metformin 500 mg was available.</li> <li>-Pravastatin Sodium 40 mg was available.</li> <li>-Fluticasone 50 mcg was available.</li> <li>-Albuterol 90 mcg inhaler was available.</li> <li>-Trazodone 100 mg was available.</li> <li>-Clonazepam 1 mg was not available.</li> </ul> <p>Review on 9/12/22 of Client #1's MAR from July 2022 through September 12, 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> <li>-Furosemide 40 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Pregabalin 50 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Duloxetine 60 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Meloxicam 7.5 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Vitamin D 5000 unit - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Metformin 500 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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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 118	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-Pravastatin Sodium 40 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Fluticasone 50 mcg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> <li>-Albuterol 90 mcg inhaler - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</li> </ul> <p>Review 9/12/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 3/10/22.</li> <li>-Diagnoses of Schizophrenia; Type 2 Diabetes Mellitus; Hyperlipidemia; Hypertension.</li> </ul> <p>Review on 9/12/22 of Client #2's physician's orders revealed:</p> <ul style="list-style-type: none"> <li>-Orders dated 3/9/22: <ul style="list-style-type: none"> <li>-Atorvastatin 40 mg, one tablet daily.</li> <li>-Januvia 100 mg, one tablet daily.</li> <li>-Lisinopril 10 mg, one tablet daily.</li> <li>-Omeprazole 20 mg, one capsule daily.</li> <li>-Benzotropine 1 mg, one tablet twice a day.</li> <li>-Metformin 1000 mg, one tablet twice a day.</li> <li>-Divalproex 500 mg, two tablets at bedtime.</li> <li>-Trulicity 1.5 mg/0.5 ml, Inject 1.5 mg once a week.</li> </ul> </li> <li>-Orders dated 3/15/22: <ul style="list-style-type: none"> <li>-Insulin 40 units, Inject 40 units at bedtime.</li> </ul> </li> <li>-Orders dated 4/7/22: <ul style="list-style-type: none"> <li>-Pioglitazone 45 mg, one tablet daily.</li> </ul> </li> </ul> <p>Observation on 9/12/22 at 12:40 PM of Client #2's medications revealed:</p> <ul style="list-style-type: none"> <li>-Atorvastatin 40 mg was available.</li> <li>-Januvia 100 mg was available.</li> <li>-Lisinopril 10 mg was available.</li> <li>-Benzotropine 1 mg was available.</li> <li>-Metformin 1000 mg was available.</li> <li>-Divalproex 500 mg was available.</li> <li>-Trulicity 1.5 mg/0.5 ml was available.</li> <li>-Insulin 40 units was available.</li> <li>-Pioglitazone 45 mg was not available.</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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V 118	<p>Continued From page 15</p> <p>-Omeprazole 20 mg was not available.</p> <p>Review on 9/12/22 of Client #2's MAR from July 2022 through September 12, 2022 revealed blanks on the following dates:</p> <p>-Atorvastatin 40 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Januvia 100 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Lisinopril 10 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Benztropine 1 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Metformin 1000 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Divalproex 500 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Trulicity 1.5 mg/0.5 ml - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Insulin 40 units - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Pioglitazone 45 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>-Omeprazole 20 mg - 9/7, 9/8, 9/9, 9/10, 9/11, and 9/12.</p> <p>Review 9/12/22 of client #3's record revealed:</p> <p>-Admission date of 6/3/22.</p> <p>-Diagnoses of Schizophrenia; Intellectual Disability; Bipolar; Chronic Depression; Prediabetes.</p> <p>Review on 9/12/22 of Client #3's physician's order dated 7/7/22 revealed:</p> <p>-Metformin 500 mg, one tablet at night.</p> <p>-Mirtazapine 7.5 mg, one tablet at night.</p> <p>-Risperidone 1 mg, two tablets at bedtime.</p> <p>-ProAir 90 mcg inhaler, inhale two puffs every 4-6 hours as needed.</p> <p>-There were no physician's orders for the</p>	V 118		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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V 118	<p>Continued From page 16</p> <p>following:</p> <ul style="list-style-type: none"> <li>-Bupropion 150 mg, one tablet at night.</li> <li>-Risperidone 0.5 mg, one tablet at night with 1 mg Risperidone.</li> <li>-Vitamin D3 1250 mg, one capsule once a week.</li> </ul> <p>Observation on 9/12/22 at 12:50 PM of Client #3's medications bottles revealed:</p> <ul style="list-style-type: none"> <li>-Mirtazapine 7.5 mg was available.</li> <li>-Risperidone 1 mg was available.</li> <li>-ProAir 90 mcg inhaler was available.</li> <li>-Bupropion 150 mg was available.</li> <li>-Risperidone 0.5 mg was available.</li> <li>-Vitamin D3 1250 mg was not available.</li> <li>-Metformin 500 mg was not available.</li> </ul> <p>Review on 9/12/22 of Client #3's MAR from July 2022 through September 12, 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> <li>-Mirtazapine 7.5 mg - 9/9, 9/10, 9/11, and 9/12.</li> <li>-Risperidone 1 mg - 9/9, 9/10, 9/11, and 9/12.</li> <li>-ProAir 90 mcg inhaler - 9/9, 9/10, 9/11, and 9/12.</li> <li>-Bupropion 150 mg - 9/9, 9/10, 9/11, and 9/12.</li> <li>-Risperidone 0.5 mg - 9/9, 9/10, 9/11, and 9/12.</li> <li>-Vitamin D3 1250 mg - 9/9, 9/10, 9/11, and 9/12.</li> <li>-Metformin 500 mg - 9/9, 9/10, 9/11, and 9/12.</li> </ul> <p>Interview on 9/12/22 with the Owner revealed:</p> <ul style="list-style-type: none"> <li>-Agency opened in March of this year.</li> <li>-She was still trying to understand the whole process.</li> <li>-Medications had changed since clients were first registered and facility had not kept the updated orders.</li> <li>-She was also responsible for ensuring that client's MAR and medications were accurate.</li> <li>-She confirmed that facility failed to 1. Ensure medications were available for administration affecting three of three audited clients (#1, #2 and</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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V 118	Continued From page 17  #3;) 2. Failed to keep the Medication Administration Record (MAR) current affecting three of three current clients (#1, #2 and #3) and 3. Have physician orders for administered medications affecting two of three audited clients (#1 and #3).	V 118		