STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL012-138	B. WING		00/4	6/2022
					03/1	0/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
L AND V	HOUSE		EAT DRIVE ITON, NC 28	8655		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID 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 SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	An annual survey w 16, 2022. Deficienc	as completed on September ies were cited.				
	category: 10A NC	sed for the following service AC 27G.5600F Supervised Ils Of All Disability Groups.				
This 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) Medication Requirements		V 118				
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 administering the drug.						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-138	B. WING		09/1	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
L AND V	HOUSE		AT DRIVE TON, NC 28	655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	This Rule is not me Based on record re interviews, the facilidrugs were only adwritten order of a perescribe drugs affer #2, and #3) and fail for 1 of 3 clients (clients) cli	for medication changes or orded and kept with the MAR appointment or consultation et as evidenced by: views, observation and ity failed to ensure prescription ministered to a client on the erson authorized by law to ecting 3 of 3 clients (client #1, ed to keep the MAR current ient #3). The findings are: of client #1's record revealed: 7/26/18. tellectual Developmental High Cholesterol. of client #1's September 2022 oride (HCL) 10 milligrams at bedtime. romide (HBr) 10 mg one by	V 118	DEFICIENCY		
	Review on 9/16/22	of client #1's physician's				

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Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL012-138	B. WING		09/1	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
L AND V	HOUSE	118 POTE MORGAN	AT DRIVE TON, NC 28	8655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From particles of Admission: -Diagnoses: Moders Disability; Down Syr Renal Failure; Recurrenter of Admission: -Pluvoxamine male: eveningOmeprazole Delay mouth every morning and every -Lactulose 10 gm/1 mouth twice dailyMultivitamin one by	for the following medications: r. lycol 3350. of client #2's record revealed: : 11/21/16. rate Intellectual Developmental androme; Gout; Diabetes; arring Urinary Tract Infections. of client #2's September 2022 g one by mouth every other day rate 50 mg one by mouth every are Release (DR) 40mg one by mg. ng one half by mouth every	V 118		PRIATE	DATE
	orders revealed:					

-Multivitamin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL012-138		B. WING		09/16/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
L AND V	HOUSE	118 POTE	AT DRIVE			
LAND	110002	MORGAN	TON, NC 28	655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	-Xifaxan.					
	Review on 9/16/22 of client #3's record revealed: -Date of Admission: 12/2/17Diagnoses: Mild Intellectual Developmental Disability; Seizure Disorder. Review and observation on 9/16/22 at 11:30 am of client #3's September 2022 MAR revealed: -Betamethasone dipropionate 0.05% gm topical cream to affected area(s) twice a day as directed up to 2 grams per dayCalcium antacid 500 mg 2 by mouth at bedtimeCarbatrol ER 300 mg 2 by mouth every morning and at bedtimeClonazepam 1 mg by mouth once a week on WednesdayLamictal 150 mg 2 by mouth every morning and at bedtimeMultivitamin one by mouth every morning and at bedtimeOnfi 20 mg one by mouth every morning and at bedtimeRefresh Liquigel 1%/ml one drop in each eye at bedtimeRefresh Relieva 0.5-0.9% one drop in each eye every morningVitamin D3 50 micrograms (mcg) one by mouth every morningThe following medications were documented as having been administered prior to the scheduled time: -The 9/16/22 8:00 pm dose of calcium antacid 500 mgThe 9/16/22 8:00 pm dose of Lisinopril 10 mgThe 9/17/22 8:00 am dose of the multivitamin.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL012-138	B. WING		09/1	6/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 03/1	OIZOZZ
L AND V	HOUSE	118 POTE				
			TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	Continued From page 4 Review on 9/16/22 of client #3's physician's orders revealed: -No current orders for the following medications: -Calcium antacid. -Lamictal. -Onfi. -Refresh Liquigel. -Refresh Relieva. Interview on 9/16/22 with staff #1 revealed: -She asked the pharmacy for copies of physician's orders and never received them. -She accidentally signed client #3's MAR for the wrong dates. Interview on 9/16/22 with the Qualified Professional (QP) revealed: -Responsible for providing oversight of client MAR's. -She had not been keeping a record of the clients' physician's orders. -She was going to start comparing the orders to the MAR's on a monthly basis.					
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752			
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by:					
	This Rule is not me	et as evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL012-138	B. WING		09/1	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
L AND V	HOUSE	118 POTE MORGAN	AT DRIVE TON, NC 28	655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 5	V 752			
	failed to ensure the maintained between The findings are: Observation of the factors are the findings are:	on and interview, the facility water temperature was n 100-116 degrees Fahrenheit. facility on 9/16/22 at 10:20 am				
	revealed: -The temperature of the sink in the kitchen was 122 degreesThe temperature of the sink in bathroom #1 was 123 degreesThe temperature of the sink in bathroom #2 was 121 degreesThe temperature of the tub in bathroom #2 was 120 degrees. Interview on 9/16/22 with staff #2 revealed: -There was one water heater for a 7,000 square foot homeThe water heater could not be turned down because it takes so long for the other part of the home to get hot waterThe water had to be kept at a higher temperature for the entire home to have hot waterClient #2 was bathed by staff and therefore couldn't get burned"I can turn the temperature downbut I'll just turn it back up when y'all leave."					

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