| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|-------------------------------|--|-----------------------------------|-------------------------|--|
| | | | | R | | | |
| | | MHL068-094 | B. WING | | 09/ | 09/20/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | | DRESS, CITY, ST Y MOUNTAIN | | | | |
| RSI - PIN | EY MOUNT | | HILL, NC 275 | - | | | |
| (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) COMPLET DATE | |
| V 000 | INITIAL COMMEN | TS | V 000 | | | | |
| | | ow up survey was completed 2022. Deficiencies were cited. | | | | | |
| | category: 10A NCA | sed for the following service C 27G .5600C Supervised th Developmental Disabilities. | | | | | |
| | has a census of fiv | sed for six beds and currently e. The survey sample of 3 current clients. | | | | | |
| V 114 | 27G .0207 Emerge | ency Plans and Supplies | V 114 | | | | |
| | AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved l authority. (b) The plan shall be and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions the | er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted nat simulate fire emergencies. all have basic first aid supplies | | | | | |
| | Based on record re facility failed to ens done quarterly on e | et as evidenced by: eviews and interviews the sure fire and disaster drills were each shift. The findings are: of the facility's fire drill log | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | · · · | CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|-------------------------------|---|-----------------------------------|----------------|
| | | | A. BUILDING: | | | |
| | | MHL068-094 | B. WING | | | R 20/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| RSI - PIN | IEY MOUNT | | EY MOUNTAIN . HILL, NC 275 | - | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | COMPLE DATE |
| V 114 | Continued From pa | ige 1 | V 114 | | | |
| | -There were no 3rd of 2022. | shift drills for the 1st quarter | | | | |
| | -There were no 1st and 2nd shift drills for the 3rd quarter of 2022. | | | | | |
| | -There were no 3rd shift drills for the 4th quarter of 2021. | | | | | |
| | Review on 9/16/22 of the facility's disaster drill log revealed: | | 3 | | | |
| | -There were no 2nd and 3rd shift drills for the 1st quarter of 2022. | | | | | |
| | -There were no 3rd shift drills for the 2nd quarter of 2022. | | | | | |
| | -There were no 3rd of 2021. | shift drills for the 4th quarter | | | | |
| | Interview on 9/16/2 Professional reveal | | | | | |
| | -The drills were cor -She not sure wher | npleted for this home. e the additional documentatior | | | | |
| | the drills. | vs the time and who completed | k | | | |
| | | ff failed to ensure fire and done quarterly on each shift. | | | | |
| V 118 | 27G .0209 (C) Med | lication Requirements | V 118 | | | |
| | 10A NCAC 27G .02 REQUIREMENTS | 209 MEDICATION | | | | |
| | (c) Medication adm (1) Prescription or r | inistration: non-prescription drugs shall | | | | |
| | | ed to a client on the written uthorized by law to prescribe | | | | |
| | | all be self-administered by | | | | |
| | client's physician. | uthorized in writing by the | | | | |
| | | cluding injections, shall be by licensed persons, or by | | | | |

| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | E SURVEY PLETED |
|--------------------------|--|---|---------------------|---|-----------------------------------|-------------------------|
| | | | A. BUILDING: | | | |
| | | MHL068-094 | B. WING | | | R 20/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| RSI - PIN | IEY MOUNT | | EY MOUNTAIN | | | |
| | | | . HILL, NC 275 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 118 | Continued From pa | ige 2 | V 118 | | | |
| | pharmacist or other privileged to prepar (4) A Medication Ac all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be reco | a trained by a registered nurse r legally qualified person and re and administer medications lministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation | | | | |
| | failed to have a phy | view and interview, the facility vsician order for the cations affecting one of three | | | | |
| | -Admission dated o -Diagnoses of Mod | erate Intellectual Disabilities, ligraines and Secondary | | | | |
| isian ef l | dated 9/9/22 reveal | of client #2's physician order ed: 1 milligram (mg); take 1 tab | | | | |

STATE FORM

564111

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---|---|-----------------------------------|-------------------------|
| | | MHL068-094 | B. WING | | R 09/2 | ۲ 0/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| RSI - PIN | EY MOUNT | | EY MOUNTAIN HILL, NC 275 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 118 | (0.75mg) at bedtime Review on 9/16/22 dated 6/15/22 revea -Daily Vite; take one breakfast. -Vitamin B; take one breakfast. -NAC 600mg; take -NAC 600mg; take - Clind/Benz Per 1-4 affected areas twice - Fluoxetine Cap 40 daily. - Omeprazole Cap 40 daily. - Ondansetron Tab at the same time as - There was no phys - Triamcinolone Cre affected areas twice Observation on 9/11 medication bottles r - Clonazepam Tab - Clonazepam Tab - Daily Vite was ava - NAC 600mg was a | D.5mg; take 1 and ½ tablets a. of client #2's physician order aled: a tablet every day with a capsule every morning with two capsules every morning. one capsule at bedtime 5% Gel; spread topically to a day. omg; take 1 capsule once 40mg; take 1 capsule once 180mg; take 1 tablet every 4mg; take 1 tablet every 4mg; take 1 tablet twice a day a NAC. sician order for the following: am 0.1%; Spread topically to a day. 6/22 at 12:55pm of client #2's revealed: 1mg was available. 0.5mg was available. 1able. ilable. | V 118 | DEFICIENC | 51) | |
| | - Fexofenadine Tab - Ondansetron Tab | 40mg was available. 180mg was available. | | | | |

564111

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|-------------------------------|--|-----------------------------------|---------|
| | | | | | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| RSI - PIN | NEY MOUNT | | EY MOUNTAIN . HILL, NC 275 | | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | COMPLET |
| V 118 | Continued From pa | age 4 | V 118 | | | |
| | Administration Rec through September following: -July 2022 the MAF typed and handwrit -August 2022 the M 8pm typed and han -September 2022 th 8pm typed and han Interview on 9/16/2 Professional reveal -She was not sure PRN. -Since had been wo -She would contact current order. -She confirmed the | MAR had times of 8am and adwritten PRN. he MAR had times of 8am and adwritten PRN. 2 with the Qualified | | | | |

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