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Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
					F	R		
		MHL096-277	B. WING		11/0	1/2022		
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE				
RENU LIF	RENU LIFE EXTENDED INC 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530							
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX TAG	•	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	A follow up survey was completed on November 1, 2022. A deficiency was cited.							
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 24 and currently has a census of 20. The survey sample consisted of audits of 3 current clients.							
V 118	18 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							

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

TITLE (X6) DATE

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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	
						R	
		MHL096-277	B. WING		11/0	01/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RENU LI	RENU LIFE EXTENDED INC 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530						
(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 DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	(5) Client requests checks shall be recipile followed up by a with a physician. This Rule is not me	for medication changes or corded and kept with the MAR appointment or consultation et as evidenced by:	V 118				
	facility failed to adm written order of a pl MARs current affect clients (#6). The fin Review on 11/01/22 - 41 year old male. - Admission date of - Diagnoses of Mot	2 of client #6's record revealed:					
	client #6 revealed: 08/10/22 Clozapine (anti-psy take one in morning Clozapine 50mg - to 08/29/22 Clozapine 50mg - to Review on 11/01/22 thru October 16, 20 following transcribes	wice daily. 2 of client #6's August 29, 2022 22 MARs revealed the ed entries: take once daily in morning.					

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 2 of 3

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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		
			A. BOILDING.		 	R	
		MHL096-277	B. WING			1/2022	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RENU LI	RENU LIFE EXTENDED INC 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 118	Continued From page 2		V 118				
	- Staff initials to indicate Clozapine was administered daily as transcribed above.						
	Interview on 11/01/22 client #6 stated he received his medications as ordered.						
	Coordinator stated: - Client #6's Clozap twice daily Client #6 had bee: - The pharmacy had had initialed incorre: - She discovered th and made the nece Due to the failure to medication adminis determined if clients as ordered by the p	ine order should be 50mg In getting the correct dosage. In the incorrect MAR and staff ectly. It incorrect MAR on 10/17/22 Instant corrections. In accurately document intration it could not be so received their medications hysician. Institutes a re-cited deficiency					

6899

Division of Health Service Regulation STATE FORM

XSPY11 If continuation sheet 3 of 3