STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		MHL024-035	B. WING		10/	10/07/2022	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
DAVID AI	ND DAVID HOUSE		T WYCHE STR ILLE, NC 2847				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
V 000	INITIAL COMMEN	TS	V 000				
	on October 7, 2022 substantiated (#NC #NC00193514, #No were cited.	nplaint survey was completed 2. The complaints were 200192988, #NC00192792, C00193185). Deficiencies					
	category: 10A NCA living for Adults with	sed for the following service C 27G .5600C Supervised n Developmental Disabilities.					
		sed for 3 and currently has a urvey sample consisted of an lients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES	207 EMERGENCY PLANS					
	area-wide disaster	an for each facility and plan shall be developed and by the appropriate local					
	and evacuation pro posted in the facility (c) Fire and disaste	be made available to all staff ocedures and routes shall be y. er drills in a 24-hour facility st quarterly and shall be					
	under conditions th	shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	Based on record re failed to ensure fire	et as evidenced by: view and interview, the facility and disaster drills were held ated on each shift. The					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL024-035	B. WING		10/07/2022	
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
AVID A	ND DAVID HOUSE		T WYCHE STR ILLE, NC 2847			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	ge 1	V 114			
	findings are:					
	10/01/21 - 9/30/22 r -No documented di 2nd, 3rd, 4th, and 5 (10/01/21 - 12/31/2 -No documented fir 2nd, 3rd, and 5th sl (10/01/21 - 12/31/2 -No documented di 5th shifts of the sec 3/31/22). -No documented fir 3rd, 4th and 5th shi (1/01/22 - $3/31/22$). -No documented di quarter (4/01/22 - 6 -No documented fir and 5th shifts of the 6/30/22). -No documented di (7/01/22 - 9/30/22).	saster drills recorded for the th shifts of the first quarter 1). e drills recorded for the 1st, hifts of the first quarter 1). saster drills for the 4th, and cond quarter (1/01/22 - e drills recorded for the 1st, fts of the second quarter saster drills for the third				
	shifts of the 4th qua During interview on Supervisor stated: -There were 5 shifts	nter (7/01/22 - 9/30/22). 10/05/22 the Clinical				
V 118	27G .0209 (C) Med	ication Requirements	V 118			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL024-035	B. WING		10/07/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE	•	
	ND DAVID HOUSE		r wyche Str LLE, NC 2847			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 2	V 118			
	drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or othe privileged to prepare (4) A Medication Ad all drugs administe current. Medication recorded immediat MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be record	authorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by s trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of red to each client must be kept 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				
	Based on record re facility failed to kee	et as evidenced by: eviews and interviews, the p the MARs current affecting ts (client #1, client #2, and ings are:				
	Finding #1: Review on 10/04/2 ealth Service Regulation	2 of client #1's record				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
		MHL024-035	IHL024-035 B. WING		10/0		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
	ND DAVID HOUSE		F WYCHE STF LLE, NC 2847				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
V 118	Continued From pa	ige 3	V 118				
V 118	intellectual disability Review on 10/04/22 orders revealed: 2/16/22 -Lisinopril (treats hi milligrams (mg) - Ta a day. -Tamsulosin (treats Take 1 capsule by -Vicks Vapor Rub (d chronic schizophrenia - mild					
	6/15/22 -Betamethasone (tr cream - Apply to ra	eats skin irritation) 0.05% sh twice daily.					
	tablet by mouth eve -Simvastatin (treats 1 tablet by mouth e -Metformin (treats h Take 1 tablet by mo	high cholesterol) 20mg - Take very night at bedtime. high blood sugar) 500mg - buth every night at bedtime. high blood pressure) 100mg -					
	tablet daily at bedtin -Olanzapine 5mg - day at 2pm. -Benztropine (treats tablet by mouth dai	Take 1 tablet by mouth once a s muscle control) 1mg - Take 1					

STATE FORM

Division	of Health Service Ro	egulation			FORM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
700012700		DENTITION TON TON TON DEN.	A. BUILDING:		
		MHL024-035	B. WING		10/07/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
DAVID A	ND DAVID HOUSE		WYCHE ST LE, NC 284		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE
V 118	Continued From pa	age 4	V 118		
	tablet by mouth twice daily. -Lorazepam (treats anxiety) 0.5mg - Take 1 tablet by mouth twice daily.				
	October 2022 MAR blanks: -Meloxicam 7.5mg -Simvastatin 20mg -Metformin 500mg 8:00pm. -Olanzapine 15mg -Olanzapine 5mg - -Benztropine 1mg - -Lisinopril 10-12.5 n -Tamsulosin 0.4mg 8/6/22, 8/7/22, 9/1/ 8:00pm. -Divalproex 500mg 10/1/22, and 10/2/2 -Lorazepam 0.5mg and 10/1/22 at 8:00 -Metoprolol 100mg and 9/18/22 at 8:00 -Betamethasone 0. 9/17/22, 9/18/22, a -Betamethasone 0. 8:00am. Finding #2: Review on 10/04/22 revealed: -20 year-old male -Admission date of -Diagnoses include	 7/30/22, 9/17/22, 9/18/22, 0pm. 7/30/22, 7/31/22, 9/17/22, 0pm. .05% cream - 7/30/22, 7/31/22, and 10/1/22 at 8:00pm. .05% cream - 10/1/22 at 2 of client #2's record 			
	-	peractivity disorder(ADHD). 2 of client #2's medication			
	ealth Service Regulation		6990		
STATE FOR	VI		6899	5EU511	If continuation sheet 5 of 14

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ´	CONSTRUCTION		E SURVEY PLETED
		MHL024-035	B. WING	B. WING		07/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	ND DAVID HOUSE		WYCHE STR LLE, NC 2847			
(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) COMPLET DATE
V 118	4/25/22 -Aveeno Clear Clear face and back daily -Loratadine (treats Take 1 tablet by mo -Clonidine (treats h Take 1 tablet by mo -Vitamin D3 (treats Take 2 tablets = 50 -Aloe Vesta 2-N-1 C - Apply to affected a twice daily. -Tolnaftate 1% pow Apply to affected ar -Topiramate (treats tablet by mouth twice 4/28/22 Minerin Creme (treats tablet by mouth twice 6/13/22 -Docusate Sodium Take 2 capsules by -Aqua Glycolic Han Apply 1 application -Xclear Nasal Was sprays in each nost -Neutrogena oil freat to affected area(s) 6/16/22 -Senexon-S (treats 1 tablet by mouth d	anser (treats oily skin) - Clean seasonal allergies) 10mg - puth every day. igh blood pressure) 0.1mg - puth twice daily. vitamin-D deficiency) 25mcg - mcg by mouth twice daily. Dintment (treats skin irritation) area of both groin creases der (treats athletes foot) - reas twice daily. seizures) 50mg - Take 1 ce daily. ats dry skin) - Apply to ry skin twice a day. (treats constipation) 100mg - mouth daily each evening. d/Body (treats dry skin) - daily after bathing h (treats sinuses) - Use 2 tril twice a day before a meal. e face (treats oily skin) - Apply twice daily.	V 118			
		seizures) 25mg - Take 1 tablet / at bedtime for 14 days.				
	Review on 10/04/22	2 of client #2's July 2022 -				

STATE FORM

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If continuation sheet 6 of 14

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		MHL024-035	B. WING		10/	10/07/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
	ND DAVID HOUSE		WYCHE STR LE, NC 2847				
(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 ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
V 118	Continued From pa	ge 6	V 118				
	October 2022 MARs revealed the following blanks: -Lamotrigine 25mg - 9/3/22 and 9/4/22 at 8:00pm. -Senexon-S 50-8.6mg - 9/3/22 and 9/4/22 at 8:00am. -Neutrogena oil free face - 9/15/22 at 8:00am. -Xclear Nasal Wash - 9/15/22 at 8:00am. -Aqua Glycolic Hand/Body- 9/18/22 at 8:00am. -Docusate Sodium 100mg - 9/3/22 and 9/4/22 at 6:00pm. -Minerin Creme - 9/15/22 at 8:00am. -Topiramate 50mg - 9/15/22 at 8:00am. -Tolnaftate 1% powder - 9/15/22 at 8:00am. -Aloe Vesta 2-N-1 Ointment - 9/15/22 at 8:00am and 9/23/22 at 8:00pm. -Vitamin D3 25mcg - 9/15/22 at 8:00am. -Clonidine 0.1mg - 9/15/22 at 8:00am. -Loratadine 10mg - 9/15/22 at 8:00am. -Aveeno Clear Cleanser - 9/3/22 and 9/4/22 at 8:00pm.						
	revealed: -22 year-old male -Admission date of -Diagnoses include intellectual and dev intermittent explosi tachycardia, extrap disorder.	2 of client #3's record 7/21/22 d autism disorder, moderate - elopmental disability, ve disorder, epilepsy, yramidal and movement 2 of client #3's medication					
	7/25/22 -Vitamin D3 2000 u -Quetiapine Furma 1 tablet by mouth d -Propranolol (treats	nits- Take 1 tablet daily. te (antipsychotic) 50mg - Take aily at noon. tachycardia.) 20mg - Take 1 ch morning for tachycardia.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL024-035	B. WING		10/	07/2022
	PROVIDER OR SUPPLIER	•	DDRESS, CITY, S		1 10/	0112022
	- NOVIDEN ON SUFFLIEN		T WYCHE STR			
DAVID A	ND DAVID HOUSE		ILLE, NC 2847			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	age 7	V 118			
	-Melatonin (treats sleep disorder) 5mg - Take 1					
	tablet daily at bedtin					
	-Lactulose(treats constipation) 10 grams (gm)/15 milliliters (ml) - Take 15ml by mouth daily. mix with 4-8 ounces of water.					
	-Doxycycline Hyclate (treats infections) 50mg -					
	Take 1 capsule by mouth every evening.					
		kin infection) 8% Solution -				
		e left hallux nail (big toe) daily				
		ie) 0.3% gel pump - Apply				
		cted areas of face at bedtime.				
		te 300mg - Take 1 & 1/2				
	tablets by mouth tw					
	tablets by mouth tw	ADHD)1mg - cake 1 & 1/2				
	-	/berry - Drink 1 shake by				
	mouth twice a day.					
		s anxiety)50mg - Take 1				
	capsule by mouth 4					
		2 of client #3's August 2022 -				
		s revealed the following				
	blanks:	j - 8/1/22 - 8/31/22, 9/14/22				
		and 10/2/22 at 12:00pm,				
	2:00pm, and 8:00p					
		ı - 9/13/22 at 8:00pm.				
		22 - 8/31/22, 9/14/22 -				
		nd 10/2/22 at 8:00am and				
	8:00pm.					
	-Boost Liquid - 9/13					
		8/1/22 - 8/31/22, 9/14/22 -				
		nd 10/2/22 at 8:00am and				
	8:00pm. -Guanfacine 1mg -	9/13/22 at 8·00nm				
	0	9/13/22 at 8.00pm. - 8/1/22 - 8/31/22, 9/14/22 -				
		nd 10/2/22 at 12:00pm and				
	4:00pm					
		- 9/13/22 at 8:00pm.				
		te 300mg - 8/1/22 - 8/31/22,				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		MHL024-035	B. WING		10/	10/07/2022	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, SI	TATE, ZIP CODE	1 10/	0112022	
DAVID A	ND DAVID HOUSE		T WYCHE STR LLE, NC 2847				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ige 8	V 118		,		
	9/14/22 - 9/30/22, 1 and 8:00pm. -Quetiapine Furmat 9/14/22 - 9/30/22, 1 12:00pm and 4:00p -Quetiapine Furmat -Quetiapine Furmat -Quetiapine Furmat 9/14/22 - 9/30/22, 1 12:00pm. -Differin 0.3% gel p 9/13/22 - 9/30/22, 1 8:00pm. -Ciclipirox 8% Solut - 9/30/22, 10/1/22, 3 -Doxycycline Hyclat 9/13/22 - 9/30/22, 10/1/22, 3 -Doxycycline Hyclat 9/13/22 - 9/30/22, 10/1/22, 3 -Lactulose 10 gm/1 9/14/22 - 9/30/22, 10/1/22, 3 8:00pm. -Melatonin 5mg - 8/ 9/30/22, 10/1/22, at 8:00pm. -Propranolol 20mg 9/30/22, 10/1/22, at 8:00pm. -Propranolol 20mg 9/30/22, 10/1/22, at 8:00pm. -Propranolol 20mg 9/30/22, 10/1/22, at 8:00pm. -Vitamin D3 2000 u 10/1/22, and 10/2/2 Interview on 10/5/2 -He had lived at fac -He received meds -He had not missed Client #2 and client interview process d	10/1/22, and 10/2/22 at 8:00 am te 150 mg - $8/1/22 - 8/31/22$, 10/1/22, and 10/2/22 at 8:00 pm te 300 mg - $9/13/22$ at 8:00 pm te 50 mg - $8/1/22 - 8/31/22$, 10/1/22, and 10/2/22 at 10/1/22, and 10/2/22 at 10/2/22 at 8:00 am. 10/2/22 at 8:00 am 10/2/22 at 8:00 am. 10/2/22 at 8:00 am.					

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If continuation sheet 9 of 14

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL024-035	B. WING		10/	07/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•	
	ND DAVID HOUSE		T WYCHE STR ILLE, NC 2847			
(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 118	Continued From pa	nge 9	V 118			
	previous deficient p -She would follow u documented correc	up to ensure that MARs were				
	medication administ determined if client	o accurately document stration it could not be #1 and client #2 received thei ered by the physician.	r			
V 120	27G .0209 (E) Med	lication Requirements	V 120			
	well-lighted, ventila and 86 degrees Fa (B) in a refrigerator degrees and 46 de refrigerator is used shall be kept in a so or container; (C) separately for e (D) separately for e (E) in a secure man for a client to self-n (2) Each facility tha controlled substant registered under th	age: cked cabinet in a clean, ted room between 59 degrees hrenheit; , if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment each client; external and internal use; nner if approved by a physiciar nedicate. t maintains stocks of ces shall be currently e North Carolina Controlled .S. 90, Article 5, including any				
	This Rule is not m	et as evidenced by:				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL024-035	B. WING		10/	07/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	ND DAVID HOUSE		T WYCHE STR ILLE, NC 2847			
(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 120	Continued From pa	ge 10	V 120			
	Based on observation, record review, and interview, the facility failed to keep internal and external medications stored separately affecting 1 of 3 clients (client #1). The findings are		1			
	Review on 10/04/22 of client #1's record revealed: -61 year-old male -Admission date of 8/8/97 -Diagnoses included chronic schizophrenia - mild intellectual disability, and urethritis					
	regimen revealed: -Lisinopril (treats hi	2 of client #1's current drug gh blood pressure) 10-12.5 ake one tablet by mouth once				
	-Olanzapine (antips tablet daily at bedtir -Olanzapine 5mg - day at 2pm. -Benztropine (treats	Take 1 tablet by mouth once a s muscle control) 1mg - Take $^{\prime}$				
	tablet by mouth ever -Simvastatin (treats	inflammation) 7.5mg - Take 1	9			
	-Metformin (treats h Take 1 tablet by mo -Tamsulosin (treats	high blood sugar) 500mg - buth every night at bedtime. enlarged prostate) 0.4mg - mouth daily at bedtime.				
	micrograms (mcg) each morning. -Vicks Vapor Rub (t	vitamin-D deficiency) 25 - Take 1 capsule by mouth treats aches and pains)- Apply	,			
	after bathing.	d toenails daily as directed stabilizer) 500mg - Take 1 ce daily.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL024-035	B. WING		10/	07/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
DAVID A	ND DAVID HOUSE		T WYCHE STR LLE, NC 2847			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 120	by mouth twice dail -Metoprolol (treats I Take 1 tablet by mo -Betamethasone (tr cream - Apply to ras -Metamucil Powder teaspoonful in 8 out drink twice daily. Observation on 10// 1:15pm of client #1 revealed the Betam Vicks Vapor Rub wa medications.	y. high blood pressure) 100mg - outh twice a day. eats skin irritation) 0.05%	V 120			
V 121	10A NCAC 27G .02 REQUIREMENTS (f) Medication revie (1) If the client rece governing body or of for obtaining a revie regimen at least evis shall be to be perfo physician. The on-si the client's physicia the review when me (2) The findings of the second second second second second second second the second seco	w: ives psychotropic drugs, the operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or ite manager shall assure that n is informed of the results of edical intervention is indicated. the drug regimen review shall client record along with	V 121			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 10/07/2022	
		MHL024-035			10/		
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE	•		
	ND DAVID HOUSE		T WYCHE STR ILLE, NC 2847				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 121	Continued From pa	ge 12	V 121				
	This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews for one of three clients (client #1) who received psychotropic drugs. The findings are:						
	Review on 10/04/22 of client #1's record revealed: -61 year-old male -Admission date of 8/8/97 -Diagnoses included chronic schizophrenia - mild intellectual disability, and urethritis						
	Review on 10/04/22 of client #1's current drug regimen revealed: -Lisinopril (treats high blood pressure) 10-12.5 milligrams (mg) - Take one tablet by mouth once a day. -Olanzapine (antipsychotic) 15mg - Take one						
	day at 2pm. -Benztropine (treats tablet by mouth dai	Take 1 tablet by mouth once a s muscle control) 1mg - Take 1 ly at bedtime.					
	tablet by mouth eve -Simvastatin (treats 1 tablet by mouth e	inflammation) 7.5mg - Take 1 ery day. s high cholesterol) 20mg - Take very night at bedtime. nigh blood sugar) 500mg -	9				
	Take 1 tablet by mouth every night at bedtime. -Tamsulosin (treats enlarged prostate) 0.4mg - Take 1 capsule by mouth daily at bedtime. -Vitamin D3 (treats vitamin-D deficiency) 25						
	each morning. -Vicks Vapor Rub (1	- Take 1 capsule by mouth treats aches and pains)- Apply d toenails daily as directed	,				

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL024-035	B. WING		10/	07/2022	
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
DAVID A	ND DAVID HOUSE		T WYCHE STR LLE, NC 2847				
(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 ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 121	Continued From page 13		V 121				
	tablet by mouth twice -Lorazepam (treats by mouth twice daily -Metoprolol (treats I Take 1 tablet by mo -Betamethasone (tr cream - Apply to ras -Metamucil Powder teaspoonful in 8 our drink twice daily. Review on 10/04/22 drug review for clier documented drug re 7/26/21. Interview on 10/04/2 stated the facility has management change	anxiety)0.5mg - Take 1 tablet y. high blood pressure) 100mg - buth twice a day. reats skin irritation) 0.05%					