Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) F

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL020-009	B. WING		R 11/10/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PLEASAN	IT VALLEY GROUP HOM	E 33 GENTL MURPHY,	E DOVE LANE NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	
V 000	INITIAL COMMENTS	3	V 000			
	completed on Novem limited follow up surv .0209 Medication Rereviewed for compliant This facility is license 10A NCAC 27G .560 Adults with Developm This facility is license	d for 6 and currently has a vey sample consisted of				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs.  (2) Medications shall clients only when aut client's physician.  (3) Medications, incluadministered only by unlicensed persons to pharmacist or other leprivileged to prepare  (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name;  (B) name, strength, a	istration: n-prescription drugs shall to a client on the written horized by law to prescribe  be self-administered by horized in writing by the  ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL020-009	B. WING		R 11/10/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PLEASAN	IT VALLEY GROUP HOM	33 GENTL MURPHY,	E DOVE LANE NC 28906			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	(E) name or initials of drug. (5) Client requests for checks shall be recor	drug is administered; and person administering the medication changes or ded and kept with the MAR pointment or consultation	V 118			
	interviews, the facility medications were adr and the MARs were k client (Clients #1 and	ns, record reviews, and failed to ensure that ministered as prescribed, eept current for each audited #3). The findings are:  Client #1's record revealed: 0-2000 etardation,				
	#1 revealed: -Fluvoxamine Maleate mouth twice daily (mo -Physician's order dai  Review on 11-9-22 of (9th-31st) and Novem #1 revealed: -Fluvoxamine Maleate one tablet by mouth ti -MARs for Client #1 h	ted 6-6-22.  The MARs for October hober (1st-9th) 2022 for Client  e 50 milligram (mg) - Take				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILBING.		R 11/10/2022	
		MHL020-009	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
PLEASAN	IT VALLEY GROUP HOM	E	E DOVE LANE			
		MURPHY,	NC 28906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 118	Continued From page	e 2	V 118			
	-She was not able to	with Client #1 revealed: acknowledge that she took now, ask [Administrator]."				
	Observation on 11-9- medications for Clien -Fluvoxamine Maleate mouth twice daily. -Date dispensed - 8-7	t #1 revealed: e 50mg - Take one tablet by				
	-Admission date: 12-	ntal Retardation, Depression,				
	#3 revealed: -Paroxetine (Hydroch	Physician's order for Client loride) HCL 10mg - Take every morning (anxiety). ted 7-1-22.				
	(9th-31st) and Novem #3 revealed: -Paroxetine HCL 10r mouth every evening -MARs for Client #3 h	the MARs for October nber (1st-9th) 2022 for Client ng - Take one tablet by and been initialed to indicate administered as one tablet				
	Observation on 11-9- medications for Clien -Paroxetine (Hydroch one tablet by mouth e -Date Dispensed - 9-	t #3 revealed: loride) HCL 10mg - Take every morning.				
		with Client #3 revealed: ation and knew the purpose itions.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
744012744	or contraction	IDENTIFICATION NOMBERS	A. BUILDING: _			
		MHL020-009	B. WING		R 11/10/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PLEASAN	T VALLEY GROUP HOM	33 GENTL MURPHY,	E DOVE LANE			
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	T	PROVIDER'S PLAN OF CORRECTION	d over	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	3	V 118			
	-Was not 100% certain as prescribed.	in if she took her medication				
	-Normally works 11ar medications at 4 pm"I read the bottle" -"I make sure the bottle "I don't think I have e (with MARs and bottle" -"I would have caught read the bottle" -"Usually there is a poa med (medication) of the cause everyone had one (Client #3's medication) in the cause everyone had one (Client #3's medication) in the cause everyone had one (Client #3's medication) in the cause everyone had one (Client #3's medication) in the cause everyone had one (Client #3's medication) in a while I will glance -"Down here I am use look at the bottle and	et (medication error) it if I  post it note that so and so has hange." ee been a note on this one as been signing off on this cation)."  with Staff #2 revealed: at (medication). Every once er at the bottle." ed to what they get. I know to the sheet."				
	then, not very oftenThe House Manager	only happen every now and and the Administrator are it and tell me if something				
	telephone on 11-9-22	the House Manager via and 11-10-22 were nail messages were left but				
	Administrator reveale -After last survey, hesat down and went -"With [Client #1] initia	and the House Manager "				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED	
		MHL020-009	B. WING		<b>I</b>	R 11/10/2022	
					1 11/	10/2022	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA				
PLEASAN	T VALLEY GROUP HOM	E	LE DOVE LANE , NC 28906				
	CLIMMADY CT			DDOV/DEDIC DI ANI OF (	CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From page	e 4	V 118				
	missed that."						
		o through PRNs (as needed)					
	and MARs."	o tillough PRNS (as needed)					
	-"Those just slipped t	hrough "					
		n't reading the bottles. I					
	didn't even notice."	Treading the bottles. I					
		r is responsible for making					
	direct changes to the						
		tle when we hand it out					
	immediately, we wou						
	•	s up all medication from the					
		ces all the MARs at the					
	beginning of the mon	th.					
	-The House Manager corrections.	r is responsible for making					
		on concerns or issues when					
		s off, she is available if					
	_	of that burdentechnically					
	it is her job."						
		of the Plan of Protection					
		n by the Administrator					
	revealed:						
		tion will the facility take to					
	l	he consumers in your care?					
	_	correct the MAR to fix the					
	the staff to ensure the	will then provide training to					
		) match the printed labels on					
		s to the MAR everytime they					
		dministrator will contact the					
		set up a system where we					
		cription every time a resident					
		nanged in any way. The					
		oup Home Manager will					
		o the printed scripts and the					
		ng of every month to ensure					
	everything is correct.	-					
		to make sure the above					
	happens.						

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  33 GENTLE DOVE LANE MURPHY, NC 28906  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  The Administrator will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and what to do if a discrepancy is found . Finally, the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  33 GENTLE DOVE LANE MURPHY, NC 28906   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  The Administrator will correct the MAR today, 11/10/22. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and	
PLEASANT VALLEY GROUP HOME  X(4) ID PREFIX TAG  Continued From page 5  The Administrator will correct the MAR today, 11/10/22. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and  X(4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 118  V 118  Y 118  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 118  V 118  V 118	
CX4   ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE DEFICIENCY      V 118   Continued From page 5   V 118      The Administrator will correct the MAR today, 11/10/22. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and	NAME OF PROVIDER OR SUPP
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE DEFICIENCY      V 118   Continued From page 5   V 118      The Administrator will correct the MAR today, 11/10/22. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and   PROVIDER'S PLAN OF CORRECTION (X5)	PLEASANT VALLEY GROU
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  The Administrator will correct the MAR today, 11/10/22. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OV 118  V 118  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OV 118  V 118	(VA) ID SIIM
The Administrator will correct the MAR today, 11/10/22. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and	PREFIX (EACH DE
11/10/22. He will contact both Doctors offices the residents attend tomorrow and set up the system where we will receive printed scripts with every visit. He will also set up a training with the staff to go over their responsibility in making sure all medication labels are checked and compared to the MAR every time medications are given, and	V 118 Continued Fro
Administrator will meet with the Group home manager on the first Friday of every month to review the MAR, the Scripts, and the bottle labels to make sure everything is correct."  The facility served clients whose diagnoses included Mental Retardation, Depression/Anxiety, Legally Blind, Mild Mental Retardation, Obesity, and Menorrhagia. The MARs and physician's orders did not match for one medication each for Client #1 and #3. Client #1's Fluvoxamine  Maleate had been prescribed as twice daily since 8-7-22 but had been transcribed to the MAR and given three times daily. Client #3's Paroxetine  HCL had been prescribed as a daily medication to be given in the morning since 9-1-22 but had been transcribed to the MAR and given as an evening dose daily. The two medications had not been administered according to the prescription and the MAR was not kept current. This deficiency constitutes an Imposed Type B rule violation which is detrimental to the health, safety, and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure to correct with 45 days.	The Administra 11/10/22. He was residents atter where we will visit. He will all go over their medication labeled the MAR ever what to do if a Administrator manager on the review the MAR to make sure was included Ment Legally Blind, and Menorrhat orders did not Client #1 and Maleate had be 8-7-22 but had given three tin HCL had been be given in the been transcribe evening dose been administrand the MAR deficiency conviolation which and welfare of penalty of \$20

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