Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL001-264		B. WING		R 10/26/2022		
NAME OF 1			l.	TATE 7/D 0005	10/2	OIZUZZ
NAME OF	PROVIDER OR SUPPLIER	325 HALL		STATE, ZIP CODE		
TURNING	G POINT		TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000			
	on October 26, 202 This facility is licens	w up survey was completed 2. Deficiencies were cited. sed for the following service				
	10A NCAC 27G. 56 Adults with Develop	00C Supervised Living for mental Disabilities.				
	This facility is licensed for six and currently has a census of six. The survey sample consisted of audits of 3 current clients.					
V 118	27G .0209 (C) Med	ication 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;					
	(C) instructions for (D) date and time the	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
				R		
MHL001-264		B. WING		10/2	6/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		325 HALL				
TURNING	G POINT		TON, NC 27	217		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to ensure medications were available for administration affecting two of three clients (#2 and #3). The findings are: 1.) The following is evidence the facility failed to ensure the MAR was kept current.					
	revealed: -Admission date of -Diagnoses of Mild Moderate Impairme	Intellectual Disability, ent of Intellectual Behaviors, ent of Adaptive Behaviors and				
	#2 revealed:	2 of physician orders for client 2 for Gemtesa 75 milligram sule once daily.				
	revealed: -Staff documented 10/1-10/24 for Octo	Gemtesa was administered				

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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		
MHL001-264		B. WING		R 10/26/2022			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	•		
		325 HALL					
TURNING	3 POINT	BURLING	TON, NC 27	217			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
	-Staff documented for 8/1-8/30 for Aug	Gemtesa was administered ust 2022.					
	b. Review on 10/25/22 of client #3's record revealed: -Admission date of 2/17/21Diagnoses of Intellectual Disability, Autism, Schizophrenia, Fetal Alcohol Syndrome, Sensory and Auditory Disorder. Review on 10/25/22 of physician orders for client #3 revealed: -Order dated 6/15/22 for Fluphenazine 10mg, take one tablet daily at 8am and 4pmOrder dated 6/15/22 for Benztropine 1mg, take one tablet twice dailyOrder dated 6/15/22 for Fluphenazine 10mg, take two tablets every night at bedtime.						
	revealed: -Staff documented administered on 10	/1-10/24 for October 2022. Benztropine was administered					
	revealed: -The pharmacy had prescription due to for client #2Believed the last dadministered aroun -Client #3 medication-There was often a prescriptions to the -Not sure why staff	22 with the Home Manager I a hold on filling the nonpayment from insurance ose of medication was d September 11, 2022. ons had just run out. delay in provider in sending pharmacy. continued to initial for ere not administered.					

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Interview on 10/26/22 with the Qualified

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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		MHL001-264	B. WING			6/2022
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TURNING	2 DOINT	325 HALL	AVENUE			
IOIXIAIIA	3 FOINT	BURLING	TON, NC 27	217		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN .	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
V 118	Continued From pa	ge 3	V 118			
	Professional reveal	adı				
		the pharmacy having issue				
	regarding payment					
	issue was resolved	cation had been filled and cost				
	for client #3.	nedications were not on site				
		ff failed to keep the MAD				
		ff failed to keep the MAR				
	current.					
	Due to the failure to accurately document					
	medication administration it could not be determined if clients received as ordered by the					
	physician.	s received as ordered by the				
	priysiciari.					
	2.) The following is evidence the facility failed to					
	ensure medications					
	administration.	Word available for				
	adiiiii ioti atioiii					
	Review on 10/25/22	2 of physician order for client				
	#2 revealed:	,				
	-Order dated 4/1/22 for Gemtesa 75mg, take 1 capsule daily.					
	, ,					
	Observation on 10/	25/22 at approximately				
		ication area revealed:				
	-There was no Gemtesa 75mg for client #2.					
		-				
	Interview on 10/26/22 with the Home Manager					
	revealed:					
	 -The pharmacy had a hold on filling the prescription due to nonpayment from insurance for client #2. -Believed the last dose of medication was administered around September 11, 2022.]
]
	D					
		2 of physician orders for client				
	#3 revealed:	00 for Florida 40]
		22 for Fluphenazine 10mg,				
	take one table twice	e daily at 8am and 4pm.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MILLONI-264 MHL001-264 NHL001-264 NHL0	Division of Health Service Regulation							
NAME OF PROVIDER OR SUPPLIER TURNING POINT 325 HALL AVENUE BURLINGTON, NC 27217 (X4) ID PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CRAN OF CRA	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA					
TURNING POINT CA1 ID SUMMARY STATEMENT OF DEFICIENCIES TAG TAG	MHL001-264		B. WING		II .			
TURNING POINT X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG CROCK DEFICIENCY MUST BE PRECEDED BY FULL TAG CROCK DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE CAMILLE BY TAG V 118	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
INTERPRETAL TAGE SUMMARY STATEMENT OF DEFICIENCIES PRETENT TAG SUMMARY STATEMENT OF DEFICIENCIES PRECEDIATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 Order dated 6/15/22 for Benztropine 1mg, take one tablet twice daily. Order dated 6/15/22 for Fluphenazine 10mg, take two tablets every night at bedtime. Observation on 10/25/22 at approximately 2.43pm of the medication area revealed: There were no Fluphenazine 10mg and Benztropine 1mg available for client #3. Interview on 10/26/22 with the Home Manager revealed: He contacted the doctor's office to check on the status of prescriptions and received no response. He contacted the pharmacy, and they provided the status of the refills: Fluphenazine 10mg had no refills since August 10, 2022. Benztropine 1mg had no tefills since September 9, 2022. The medications had not been filled for the month of October. Interview on 10/26/22 with the Qualified Professional revealed: She thought the medication prescriptions had been filled. She plans to ensure staff obtain copies of prescriptions once appointments are over. She confirmed the facility failed to ensure medication for client #2 and client #3 was available for administration. This deficiency constitutes a re-cited deficiency	TUDANNA	2 DOINT			,			
PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -Order dated 6/15/22 for Benztropine 1mg, take one tablet twice daily. -Order dated 6/15/22 for Fluphenazine 10mg, take two tablets every night at bedtime. Observation on 10/25/22 at approximately 2:43pm of the medication area revealed: -There were no Fluphenazine 10mg and Benztropine 1mg available for client #3. Interview on 10/26/22 with the Home Manager revealed: -He contacted the doctor's office to check on the status of prescriptions and received no response. -He contacted the pharmacy, and they provided the status of the refills. -Fluphenazine 10mg had not refills since August 10, 2022. -Benztropine 1mg had no refills since September 9, 2022. -The medications had not been filled for the month of October. Interview on 10/26/22 with the Qualified Professional revealed: -She plans to ensure staff obtain copies of prescriptions once appointments are over. -She confirmed the facility failed to ensure medication for client #2 and client #3 was available for administration. This deficiency constitutes a re-cited deficiency	TURNING	3 POINT	BURLING	TON, NC 27	217			
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	V 118	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 -Order dated 6/15/22 for Benztropine 1mg, take one tablet twice dailyOrder dated 6/15/22 for Fluphenazine 10mg, take two tablets every night at bedtime. Observation on 10/25/22 at approximately 2:43pm of the medication area revealed: -There were no Fluphenazine 10mg and Benztropine 1mg available for client #3. Interview on 10/26/22 with the Home Manager revealed: -He contacted the doctor's office to check on the status of prescriptions and received no responseHe contacted the pharmacy, and they provided the status of the refillsFluphenazine 10mg had not refills since August 10, 2022Benztropine 1mg had no refills since September 9, 2022The medications had not been filled for the month of October. Interview on 10/26/22 with the Qualified Professional revealed: -She thought the medication prescriptions had been filledShe plans to ensure staff obtain copies of prescriptions once appointments are overShe confirmed the facility failed to ensure medication for client #2 and client #3 was available for administration. This deficiency constitutes a re-cited deficiency		V 118				

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