Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL096-277 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY RENU LIFE EXTENDED INC GOLDSBORO, NC 27530 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 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 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 DHSR - Mental Health (2) Medications shall be self-administered by clients only when authorized in writing by the NOV 28 2022 client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by Lic. & Cert. Section 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 administered; and (E) name or initials of person administering the drug.

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

STATE FORM June June

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If continuation sheet 1 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL096-277 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY RENU LIFE EXTENDED INC GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 1 V 118 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three audited clients (#6). The findings are: Review on 11/01/22 of client #6's record revealed: - 41 year old male. - Admission date of 11/17/03. - Diagnoses of Motor Vehicle Accident, Traumatic Brain Injury-Hemiplegia and Cognitive Disorder. Review on 11/01/22 of signed physician orders for client #6 revealed: 08/10/22 Clozapine (anti-psychotic) 25 milligrams (mg) take one in morning at 8am. Clozapine 50mg - take 1 at 4pm. 08/29/22 Clozapine 50mg - twice daily. Review on 11/01/22 of client #6's August 29, 2022 thru October 16, 2022 MARs revealed the following transcribed entries: - Clozapine 25mg - take once daily in morning. - Clozapine 50mg - take twice daily. - Clozapine 50mg - take daily at 4pm.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING MHL096-277 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY **RENU LIFE EXTENDED INC** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 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. Interview on 11/01/22 the Residential Care Coordinator stated: Client #6's Clozapine order should be 50mg - Client #6 had been getting the correct dosage. - The pharmacy had the incorrect MAR and staff had initialed incorrectly. - She discovered the incorrect MAR on 10/17/22 and made the necessary corrections. RCC will continue to audit MAR daily and Due to the failure to accurately document input new and/or received medications into medication administration it could not be the audit program utilizing question 5 (Has determined if clients received their medications the MAR been updated according to any as ordered by the physician. order changes). RCC will update MAR immediately if changes occur. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.] RCC will train Med Techs not to pass meds if any discrepancy is found, no matter how minor the discrepancy is. Med Techs will notify RCC of any and all discrepancies, regardless of how minor they seem. RCC will update MAR accordingly.