Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		MHL059-077	B. WING		R 12/05/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
			TICE ROAD	,	
STAMEY I	HOME 1		, NC 28752		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
.,		,		DEFICIENCY)	
V 000	0 INITIAL COMMENTS		V 000		
		•			
	category: 10A NCAC	d for the following service 27G .5600C Supervised With a Developmental			
	census of 3. The sur	d for 3 and currently has a vey sample consisted of ents and 1 former client.			
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
VIIO	10A NCAC 27G .0203 REQUIREMENTS (c) Medication admini (1) Prescription or nor only be administered order of a person authority. (2) Medications shall clients only when autholient's physician. (3) Medications, incluadministered only by unlicensed persons transpharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name;	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:	VIII		
1	(B) name, strength, at (C) instructions for ad	nd quantity of the drug; ministering the drug;			

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

(X6) DATE TITLE

Division of Health Service Regulation

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ANDILAN	or connection	A. BUILDING:		COM		
		MHL059-077	B. WING			R / 05/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
STAMEY I	HOME 1		ICE ROAD NC 28752			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	(E) name or initials of drug. (5) Client requests for checks shall be recorfile followed up by ap with a physician.	drug is administered; and for person administering the redication changes or ded and kept with the MAR pointment or consultation	V 118			
	failed to ensure the Maffecting 1 of 1 audite The findings are: Review on 11-10-22 of Admission date: 7-8-Discharge date: 9-20-Diagnoses: Coarctat Insufficiency of Aortic Other Disorder of Psy Asthma; Pre-Excitation Disorder; Mild Intellect Disability; Impulse Confiant Disorder; Cornectivity Disorder Anemia; Wolff-Parkin Review on 11-10-22 of revealed: Order dated 7-19-22 (HCL) (for depression one capsule orally earning capsule for a 60 reserved.	ews and interview the facility MAR was kept current ed former clients (FC) #4). of FC #4's record revealed: 22. 3-22 dion of Aorta; Congenital Valve; Cerebral Palsy; ychological Development; on Syndrome; Conduct ctual Developmental ontrol Disorder; Oppositional estipation; Attention Deficit er; Thoracic Aortic Ectasia; son-White Syndrome. of FC #4's Physician's orders for fluoxetine hydrochloride of 20 milligrams (mg) take eich morning along with a 40				

Division of Health Service Regulation

STATE FORM 6899 OUCL11 If continuation sheet 2 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL059-077	B. WING		R 12/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
STAMEY HOME 1 180 JUSTIO MARION. N			ICE ROAD NC 28752			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 118	(HCL) 20 mg tabletOrder dated 9-1-22 t (HCL) 40 mg tabletOrder dated 9-1-22 f depression) 20 mg/5 Take 15 ml (60 mg do -Order dated 7-15-22 mg tablet take one ta -Order dated 9-1-22 t -Order dated 7-25-22 (anti-psychotic) 2 mg bedtimeOrder dated 9-1-22 t mg tablet and change mouth once daily. Review on 11-10-22 of 2022 and September -Fluoxetine HCL 20 m discontinued until 9-8 -Fluoxetine HCL 40 m discontinued until 9-8 -Fluoxetine 15 ml ora documented as havin 9-8-22Rexulti 1 mg tablet w 9-8-22Risperdal 2 mg table 9-8-22Risperdal 2 mg oral s documented as havin 9-8-22Interview on 11-9-22 -"He (FC #4) was good then he started to dec -On August 28th he s -"We tried everything	or fluoxetine (for milliliter (ml) oral solution. ose) orally each morning. for Rexulti (anti-psychotic) 1 blet orally once daily. o discontinue Rexulti. for Risperdal take one tablet orally at the oral oral solution by of FC #4's July 2022, August 2022 MAR's revealed: or grapsule was not -22. It solution was not grapsule was not grapsule was not discontinued until or was not discontinued unti	V 118			

Division of Health Service Regulation

STATE FORM 6899 OUCL11 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7.1. 50.25.110			R
		MHL059-077	B. WING			/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
STAMEY I	HOME 1		TICE ROAD , NC 28752			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	Continued From page	÷ 3	V 118			
	-When medications w incident reports to do	ere refused staff completed cument the refusal.				
	This deficiency consti and must be correcte	tutes a re-cited deficiency d within 30 days.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		as evidenced by: n and interviews the facility n offensive odor. The				
		's eyes to water.				
	- "I have noted an odd - "We have one guy (have a lot of body con the night and of cours night. So sometimes to clean up behind him	client #2) here that does not ntrol. He gets up a lot during se [staff #1] is sleeping at in the morning [staff #1] has m."				
	Interview on 11-14-22	with the Qualified				

Division of Health Service Regulation

STATE FORM 6899 OUCL11 If continuation sheet 4 of 5

Division of Health Service Regulation

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		_		R			
	MHL059-077	B. WING		12/05/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
STAMEY HOME 1 180 JUSTICE ROAD MARION, NC 28752							
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
V 736 Continued From page 4 Professional revealed: -She agreed there was a f -She addressed the issue imme -There was an issue with ' seems to be when we get odor there. It 's all guys is sometimes it smells like gi -She began coming to the keep a check on the environ This deficiency constitutes and must be corrected wit	issue with staff #2 who ediately. "a septic toilet smellit a lot of rain there is an in that house and luys" It home twice monthly to commental issues.	V 736					

Division of Health Service Regulation

STATE FORM 6899 OUCL11 If continuation sheet 5 of 5