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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY COMPLETED		
74121 2741	or dorate of the transfer of t	IDENTIFICATION DELTA	A. BUILDING: _		John EETEB		
		MHL075-023	B. WING		11/22/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
HOLLY HI	LL		IILL DRIVE JS, NC 28722				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE	
V 000	INITIAL COMMENTS		V 000				
	2022. A deficiency w This facility is license category: 10A NCAC	d for the following service 27G .5600C Supervised					
	This facility is license	Developmental Disabilities. d for 4 and currently has a vey sample consisted of t clients.					
V 118	V 118 27G .0209 (C) Medication 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 the 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, and (C) instructions for according to the contraction of the contraction	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 or after administration. The er following:					

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

(X6) DATE TITLE

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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	
			71. BOILBING.				
		MHL075-023	B. WING		11/2	2/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
HOLLY HI	LL	84 HOLY H COLUMBU	ILL DRIVE S, NC 28722				
(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	(X5) COMPLETE DATE	
V 118	Continued From page (5) Client requests for checks shall be recorfile followed up by apply with a physician. This Rule is not met Based on record reviet failed to keep the MA medications were recadministration affecting Client #3. The finding Review on 11/21/22 or revealed: Admission Date: 3/14	e 1 If medication changes or ded and kept with the MAR pointment or consultation as evidenced by: Bew and interview, the facility orded immediately after and 1 of 1 audited client, grane: If Client #3's record	V 118		TIALE	DAIL	
	Attention Deficit Hype Adjustment Disorder, Disorder Unspecified, Apnea, and other End Physician orders for t -Allegra, HCL 180 mil take one tablet, by mo ordered 9/7/22; -Folic Acid 1 mg table PO, QD, ordered 9/7/ -Levetiracetam 250 m take one tablet, PO, t 8/8/22; -Zonisamide 100 mg caps, PO, every morrordered 8/31/22.	Epilepsy, Personality Anxiety Disorder, Sleep sephalopathy; he following: ligrams (mg), (allergies), buth (PO), everyday (QD), et, (vitamin) take one tablet,					

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL075-023	B. WING		11/2	2/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HOLLY HILL 84 HOLY HILL DRIVE COLUMBUS, NC 28722							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	JLD BE COMPLETE		
V 118	-she took her medical missed any doses. Interview on 11/21/22 -she reviewed the MA and gives medication: Review on 11/21/22 a #3's MARs from Sept November 2022 reverthe MAR for Septem for review during the s-MARs for October arcompleted and correct Interview on 11/22/22 Professional revealed the September 2022	with Staff #1 revealed: ARS monthly for the facility is to clients. and 11/22/22 of the Client ember 2022 through aled: ber 2022 was not available survey; and November 2022 were it. with the Qualified MAR for Client #3 had likely at the between the facility and ing pattern with staff.	V 118				

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