PRINTED: 12/06/2022 FORM APPROVED

If continuation sheet

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 11/22/2022 MHL075-023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 84 HOLY HILL DRIVE HOLLY HILL COLUMBUS, NC 28722 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed November 22, 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 4 and currently has a census of 4. The survey sample consisted of audits of three current clients. V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall DHSR - Mental Health only be administered to a client on the written order of a person authorized by law to prescribe drugs. DEC 2 9 2022 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. Lic. & Cert. Section (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; (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. Division of Health Service Regulation (X6) DATE TITLE JRE

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 11/22/2022 B. WING MHL075-023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 84 HOLY HILL DRIVE HOLLY HILL COLUMBUS, NC 28722 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 1 (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 review and interview, the facility failed to keep the MAR current, and show that medications were recorded immediately after administration affecting 1 of 1 audited client, Client #3. The findings are: Review on 11/21/22 of Client #3's record revealed: Admission Date: 3/14/2013 Diagnoses: Mild Intellectual Disability, Obesity, Attention Deficit Hyperactivity Disorder, Adjustment Disorder, Epilepsy, Personality Disorder Unspecified, Anxiety Disorder, Sleep Apnea, and other Encephalopathy; Physician orders for the following: -Allegra, HCL 180 milligrams (mg), (allergies), take one tablet, by mouth (PO), everyday (QD), ordered 9/7/22; -Folic Acid 1 mg tablet, (vitamin) take one tablet, PO, QD, ordered 9/7/22; -Levetiracetam 250 milliliters (mls), (seizures), take one tablet, PO, twice a day (BID), ordered -Zonisamide 100 mg capsule, (epilepsy), take 4 caps, PO, every morning (QAM) before breakfast, ordered 8/31/22.

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Interview on 11/21/22 with Client #1 revealed:

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