PRINTED: 11/29/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCES (X1) PROVIDER/SUPPLIER/CLIA (IC) MULI PLE CONSTRUCTION (XI) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL001-264 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. 325 HALL AVENUE TURNING POINT BURLINGTON, NC 27217 (X4) ID SUMMARY STATEMENT OF DEFICENCES PROVIDER'S PLAN OF CORRECTION 0(5) PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CONNECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on October 26, 2022, Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental 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) 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 (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: (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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S BIGNATURE TITLE fre sale # STATE FORM

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICENCIES (X1) PROMDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XI) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL001-264 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 325 HALL AVENUE TURNING POINT BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCES (X4) ID PROVIDERS PLAN OF CORRECTION (03) PREFOX (EACH DEFICIENCY MUST BE PRECEDED BY FULL FACH CORRECTIVE ACTION SHOULD BE

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REGULATORY OR LSC IDENTIFYING INFORMATION)

(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 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.
- a. Review on 10/25/22 of client #2's record revealed:
- Admission date of 2/15/22.
- Diagnoses of Mild Intellectual Disability. Moderate Impairment of Intellectual Behaviors, Borderline Impairment of Adaptive Behaviors and Intermittent Behavior.

Review on 10/25/22 of physician orders for client #2 revealed:

-Order dated 4/1/22 for Gemtesa 75 milligram (mg), take one capsule once daily,

Review on 10/25/22 of MAR's for client #2 revealed:

- -Staff documented Gemtesa was administered on 10/1-10/24 for October 2022.
- Staff documented Gemtesa was administered for 9/1-9/30 for September 2022.

A measure that was taken to correct this deficiency was to have a puraprofessionals complete a regresher of the Mediation Administration training that was held by our local phanmag Neil Medical Group on November 17, 2022. after completion of this training only. The Z paraprofessionals will administer medication to the clients and ensure that the MAR is documental accordingly and

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIFR/CLIA (XZ) MULTIPLE CONSTRUCTION (XI) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL001-264 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 325 HALL AVENUE TURNING POINT BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCES (X4) ID PROVIDERS PLAN OF CORRECTION TD. (EACH DEFICIENCY MUST HE PRECEDED BY FULL PREFOX PREFIX (FACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 Kept aurent our op will Staff documented Gemtesa was administered. for 8/1-8/30 for August 2022. monther and check the MAR Weekly and sign a b. Review on 10/25/22 of client #3's record revealed: torm stating that the review Admission date of 2/17/21. Diagnoses of Intellectual Disability, Autism. was completed. Also, our RN Schizophrenia, Fetal Alcohol Syndrome, Sensory and Auditory Disorder. will review the MAR monthly Review on 10/25/22 of physician orders for client for accuracy and sign a #3 revealed: Order dated 6/15/22 for Fluphenazine 10mg. form. This review will be take one tablet daily at 8am and 4pm. done to ensure that this -Order dated 6/15/22 for Benztrooine 1mg, take one tablet twice daily. t happen again. -Order dated 6/15/22 for Fluphenazine 10mg. take two tablets every night at bedtime. Review on 10/25/22 of MAR's for client #3 revealed: Physician orders will be Staff documented Fluphenazine was tracked weekly by the administered on 10/1-10/24 for October 2022. Staff documented Benztropine was administered. Qualified Professional This on 10/1-10/24 for October 2022. measure will ensure Interview on 10/25/22 with the Home Manager re-orders are done timely revealed: The pharmacy had a hold on filling the and there are no delays prescription due to nonpayment from insurance for client #2. in the provider sending -Believed the last dose of medication was administered around September 11, 2022. prescriptions to the phann- Client #3 medications had just run out. -There was often a delay in provider in sending

prescriptions to the pharmacy.

-Not sure why staff continued to initial for medications that were not administered.

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLER/CLIA (XZ) MULTIPLE CONSTRUCTION (XI) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BULDING: COMPLETED R MHL001-264 B. WING 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, 29 CODE 325 HALL AVENUE TURNING POINT BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICENCES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFOX PRIFFIX FACH CONNECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAD DEFICIENCY) V 118 Continued From page 3 V 118 Professional revealed: -She was aware of the pharmacy having issue regarding payment for the medication. -Thought the medication had been filled and cost issue was resolved for client #2. Not sure why the medications were not on site. for client #3. Confirmed that staff 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 The Qualified Professional will review all medications weekly physician. The following is evidence the facility failed to ensure medications were available for to ensure medication is administration. available for administration. Review on 10/25/22 of physician order for client The Program Director and Qualified Professional Will #2 revealed: -Order dated 4/1/22 for Gemtesa 75mg, take 1 capsule daily. review the records timely Observation on 10/25/22 at approximately 2:59pm of the medication area revealed: There was no Gemtesa 75mg for client #2. each week to prevent. this issue from occurring Interview on 10/26/22 with the Home Manager revealed: -The pharmacy had a hold on filling the again. A medication prescription due to nonpayment from insurance for client #2 count review will be Believed the last dose of medication was administered around September 11, 2022. done weekly for all Review on 10/25/22 of physician orders for client #3 revealed: Order dated 6/15/22 for Fluphenazine 10mg.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION DOD DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED B. WING MHL001-264 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 325 HALL AVENUE TURNING POINT BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICENCES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CONFLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) DAT CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 118 Continued From page 4 V 118 Professional. -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 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 and must be corrected within 30 days.

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