		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.				
		MHL001-093				R 01/04/2023
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ECOND	STREET GROUP HC	DMF	TH SECOND S E, NC 27302	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on January 4, 2023. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
		sed for 5 and currently has a urvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, inclusion administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the distance of a person set of the set o	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse legally qualified person and re and administer medications liministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL001-093				R 01/04/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SECOND	STREET GROUP HC	DMF	TH SECOND S E, NC 27302	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 1	V 118			
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation				
	interview the facility medications as pre clients (Client #1) a	views, observation and / failed to: A) Administer scribed for 1 of 3 audited and B) Ensure the MAR was of 3 audited clients (Client #1				
	-Admission date of -Diagnoses of Schi Essential Hyperten Dyslipidemia, Mode	of Client #1's record revealed: 10/8/12. zophrenia Disorder, Benign sion, Active Autistic Disorder, erate Mental Retardation, lrome, Vitamin D Deficiency.				
	dated 12/30/22 rev -Azithromycin table (bacterial infections then 1 tablet once of mouth.	t 250 milligrams (mg) s) - take 2 tablets on day 1, daily on days 2 through 5 by				
	take 1 tablet once o -No discontinue oro mg (allergy sympto	der for Fexofenadine HCL 180 ms) - take 1 tablet once daily.				
	medications reveal	/23 at 12:30 pm of Client #1's ed: mg - was not available.				

STATE FORM

WGJZ11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		DENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL001-093				R 01/04/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	STREET GROUP HO	700 SOU	TH SECOND S	STREET		
SECONL		ME MEBANE	, NC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	-Fexofenadine HCL	. 180 mg - was not available.				
	November 1, 2022 revealed: -November 2022: -Azithromycin t on day 1, then 1 tat through 5 by mouth administered from -Fexofenadine once daily- was init administered from -December 2022: -Azithromycin t on day 1, then 1 tat through 5 by mouth administered from -Fexofenadine once daily- was init administered from -January 2023: -Azithromycin t on day 1, then 1 tat through 5 by mouth administered from -Fexofenadine once daily- was init administered from -Fexofenadine once daily- was init administered from -Fexofenadine once daily- was init administered from -Fexofenadine once daily- was init administered from -Fexofenadine once daily- was init	HCL 180 mg - take 1 tablet ialed as having been 11/1-11/30. ablet 250 mg - take 2 tablets olet once daily on days 2 n - was initialed as having been 12/1-12/31. HCL 180 mg - take 1 tablet ialed as having been 12/1-12/31. ablet 250 mg - take 2 tablets olet once daily on days 2 n - was initialed as having been 1/1-1/4. HCL 180 mg - take 1 tablet ialed as having been 1/1-1/4. HCL 180 mg - take 1 tablet ialed as having been 1/1-1/4.				
	Severe Intellectual	ral Palsy Unspecified and Developmental Disability. f Client #2's physician's order aled:				
		am 0.1% (skin conditions) - ea twice daily, 7am and 7pm.				

Division of Health Service Regulation STATE FORM

WGJZ11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-093		(X2) MULTIPLE		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED	
		MHL001-093	B. WING			R 01/04/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
SECON	O STREET GROUP HC	DME	TH SECOND S	TREET			
		MEBANE	, NC 27302				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ge 3	V 118				
	November 1, 2022 revealed no docum administration for th November 2022 -Triamcinolone Cre pm), 11/17 (7 am), (7am and 7pm), 11, 11/26 (7 pm), 11/27 (7 am), 11/30 (7 pm December 2022 -Triamcinolone Cre (7pm), 12/6-12/14 (12/26 (7 pm) and 1 Interview on 1/4/23 revealed: -Was recently hired -Facility did not hav Client #1's Azithrom seemed the medica before she started w -She believed that (Fexofenadine was continued to initial t -She was not aware Client #2's MARs. -The Qualified Profi reviewing the MARs -The Qualified Profi working at the ager -The Qualified Profi the MARs.	am - 11/1-11/16 (7 am and 7 11/18 (7 pm), 11/19-11/23 /24 (7 am), -11/28 (7 am and 7 pm), 11/29 n). am -12/2-12/4 (7am), 12/5 7 am), 12/16-12/21 (7 pm), 2/27-12/31 (7 pm). with the Assistant Director I in August 2022. The a discontinue order for hycin and Fexofenadine but it ations were discontinued working at the home. Client #1's Azithromycin and discontinued but that staff hem on the MARs. The that there were blanks on essional was responsible for s. essional also recently started hory in August 2022. essional confirmed errors on to ensure medications were					

WGJZ11