PRINTED: 01/23/2023

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C MHL034-224 B. WING 01/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 1/9/23. The complaint was unsubstantiated (intake #NC00195893 and intake #NC00195896). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living with Adults with Developmental Disabilities. This facility is licensed for 3 and has a census of 3. 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 druas. (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. DHSR - Mental Health (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept FEB 1 4 2023 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: Lic. & Cert. Section (A) client's name: (B) name, strength, and quantity of the drug:

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(C) instructions for administering the drug: (D) date and time the drug is administered; and

nector

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R-C	
MHL034-224		B. WING _		01/09/2023		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
INDEPE	NDENT LIVING GROU	PHOME	ISTER DRIV N SALEM, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 118	(E) name or initials drug. (5) Client requests f checks shall be recofile followed up by a with a physician. This Rule is not me	of person administering the for medication changes or orded and kept with the MAR ppointment or consultation	V 118	A. AGANCII WIL	11 2/1/23	
	failed to ensure a Me Record (MAR) was proceed following: the client's quantity of the drug; the date and time the the name or initials of drug affecting 1 of 3. The findings are: Review on 1/4/23 of - An admission daren de la displayment of the displayment o	client #1's MARs from vealed: ing administered the s: (a) Bupropion HCL Sustained Release) 150 mg PO (by mouth) twice daily; Solution 1% 5 ML (Milliliter)		The agency will ensure there a MAR for a MAR for a rece medications. It will be monte by the QP a will be ongo	ien	

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	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G:	P-98-03-V/V		
		MHL034-224	B. WING _			R-C / 09/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE			
INDEPE	NDENT LIVING GROU	PHOME	ISTER DRIN N SALEM, N				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	PECTION	(VE)	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
V 118	tab PO in the mornitablet PO at 4 pm (etab PO in the mornitab PO in the evening (Sodium) ER (Exter PO in the evening; (Squirt 1-2 sprays uradays. May increase thereafter; (i) Lithiur in the evening and (PO in the evening - No December 2 was available for remedications: Paroxethe morning; (f) Ator the evening; (g) Divatab PO in the evening Spray Squirt 1-2 spray	ng; 1 tab PO at noon and 1 e) Paroxetine HCL 30 mg 1 ng; (f) Atorvastatin 10 mg 1 ng; (g) Divalproex SOD nded Release) 500 mg 2 tab (h) Ipratropium 0.03% Spray nder the tongue at bedtime for ne to 2 to 3 times per day n Carbonate 450 mg 2 tab PO j) Trazodone 100 mg 2 tab 022 MAR (12/1/22-12/31/22) view for the following etine HCL 30 mg 1 tab PO in vastatin 10 mg one tab PO in vastatin 10 mg one tab PO in palproex SOD ER 500 mg two ng; (h) Ipratropium 0.03% ays under the tongue at May increase to 2 to 3 times) Lithium Carbonate 450 mg ning and (j) Trazodone 100	V 118				
	been lost and unable	to be located					
	corrected within 30 d	titutes a re-cite and must be ays.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				

Division of Health Service Regulation

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Patched but unpainted areas on the closet

Items of clothing hanging from the one of the drawers of the dresser with additional items piled

No curtains or window blinds present

door

(c) Client #2's bedroom:

on top of the dresser

(d) Client #3's bedroom:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		OF CORRECTION	IDENTIFICATION NUMBER:					
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l			MHL034-224	B. WING _		1		
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l					, STATE, ZIP CODE			
l	INDEPE	NDENT LIVING GROU	P HOME 924 CLOIS	STER DRIV	Æ			
L			WINSTON	SALEM, N	IC 27127			
l	(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)	-
l	PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SH		COMPLETE	
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H								_
	V 736	Continued From page	ge 4	V 736				
		- A closet with no	door					
			lying on the floor of the closet					
			esser with one drawer					
		missing	coser with one drawer					-
			vindow blinds present					-
			n the back door was loose					1
			on the door to the closet					
		where the clients' ma	edications were stored					
		Whole the elicites in	calcations were stored					1
		Observation of the fa	acility's exterior at between					١
		3:55 pm and 4 pm o						1
	(a) - A covered carport had a white vehicle							ı
		(minivan) parked be						١
			plate on the vehicle had a					1
			which indicated the license					ı
		plate had expired in						١
			s covered with a heavy layer					١
			paw prints on the windshield					ı
			writing in the dust on the					1
			e back window of the vehicle					ı
			floor on the carport and					I
		entrance pad had bla						l
			m-type siding had multiple					l
		dents and dust on its						١
		(d) - The carport	ceiling had black stains					ı
		covering the entirety						ı
			ng trashcan with some trash					l
			trash bag onto the floor of					l
		the carport						l
		(f) - A mop and a	wooden chair with					
			stain located nearby					
			ding in the backyard of the					1
		facility that had dama	aged shingles and one corner					
			inches collapsed beneath					
		the shingles					-	
			ws on the front side of the					
			n hanging loose at one					
		corner	55				1	
			ding to the beneath the					
			with peeling white paint					

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