PRINTED: 02/21/2023 FORM APPROVED

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|-------------------------------|--|-----------------|-----------------|
| | | | | | | |
| | MHL005-029 | | B. WING | | 02/15/2023 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | | | |
| OHNSON | НОМЕ | | BBAGE CREEK RO N, NC 28615 | DAD | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | () | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLET DATE |
| V 000 | INITIAL COMMENTS | | V 000 | | | |
| | An annual survey was completed on February 15, 2023. Deficiencies were cited. | | | | | |
| | This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. | | | | | |
| | | d for 2 and currently has a he survey sample consisted clients. | | | | |
| V 119 | 27G .0209 (D) Medic | ation Requirements | V 119 | | | |
| | 10A NCAC 27G .0209 MEDICATION | | | | | |
| | REQUIREMENTS (d) Medication disposal: | | | | | |
| | (1) All prescription and non-prescription | | | | | |
| | medication shall be disposed of in a manner that | | | | | |
| | | sion or accidental ingestion. | | | | |
| | | bstances shall be disposed | | | | |
| | • | shing into septic or sewer | | | | |
| | | r to a local pharmacy for | | | | |
| | shall be maintained b | of the medication disposal | | | | |
| | | specify the client's name, | | | | |
| | | ength, quantity, disposal | | | | |
| | | signature of the person | | | | |
| | disposing of medicati | on, and the person | | | | |
| | witnessing destructio | n. | | | | |
| | | nces shall be disposed of in | | | | |
| | | North Carolina Controlled | | | | |
| | | . 90, Article 5, including any | | | | |
| | subsequent amendm | | | | | |
| | (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be | | | | | |
| | | unless it is reasonably | | | | |
| | | ient or resident shall return | | | | |
| | | uch case, the remaining | | | | |
| | | be held for more than 30 | | | | |
| sion of Hea | alth Service Regulation | | | | | 1 |

G4VU11

PRINTED: 02/21/2023 FORM APPROVED

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|---|-------------------------------|-------------------------|
| | | | | | | |
| | MHL005-029 | | B. WING | 02 | 02/15/2023 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | | | |
| JOHNSON | HOME | | DBAGE CREEK KC | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE | (X5) COMPLET DATE |
| V 119 | Continued From page 1 | | V 119 | | | |
| | calendar days after th | ne date of discharge. | | | | |
| | This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispose of a medication in a manner that guards against diversion or accidental ingestion for 2 of 2 current clients (#1 and #2). The findings are: | | | | | |
| | - Admitted 9/4/09. - Diagnoses of Cereb Profound Intellectual (IDD). -2/6/21 - physician or 3350 (laxative) - disso | Client #1's record revealed: ral Palsy, Epilepsy, and Develpomemtal Disability der - Polyethylene Glycol olve 1 capful (17 grams) of f liquid as needed (PRN). | | | | |
| | medications revealed -Polyethylene Glycol | 3350 - dissolve 1 capful (17 3 ounces of liquid PRN. | | | | |
| | Administration Record 2022 to present date -Polyethylene Glycol grams) of powder in 8 -1/4/23, 1/26/23 and 2 | ⁶ Client #1's Medication ds (MARs) for December revealed: 3350 - dissolve 1 capful (17 8 ounces of liquid PRN. 2/6/23 were initialed to on was given after the | | | | |
| | Review on 2/15/23 of -Admitted 3/26/18. | Client #2's record revealed: | | | | |

G4VU11

PRINTED: 02/21/2023 FORM APPROVED

| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ATION NUMBER: A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|-------------------------------|--|---|-----------|
| | | | | | | |
| | | MHL005-029 | B. WING | | 02 | 2/15/2023 |
| AME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | | | |
| OHNSON | HOME | | BBAGE CREEK RC N, NC 28615 | JAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE | ACTION SHOULD BE COMP TO THE APPROPRIATE DAT | |
| | Disease, Thrombocyt Failure, Cirrhosis of L of Lumbar Spine, Esc Quadriplegia, Hepato Hypothyroidism, Sec Vitamin D Deficiency Conduct Disorder, Pr Muscle, Atrial Septal Anxiety Disorder. -5/5/22 - physician or 3350 - dissolve 1 cap 8 ounces of liquid PR Observation on 2/14/2 | d, Gastroesophageal Reflux topenia, Chronic Respiratory Liver, Compression Fracture ophageal Varices, Functional opulmonary Syndrome, ondary Osteoporosis, , Constipation, Insomnia, ofound IDD, Contracture of Deficit and Generalized der -Polyethylene Glycol oful (17 grams) of powder in tN. 23 at 2:29 p.m. of Client #2's | | | | |
| | grams) of powder in 8 -Dispensed 11/2/21 - Review on 2/14/23 o December 2022 to pr -Polyethylene Glycol grams) of powder in 8 -12/6/22 and 1/9/23 v medication was giver Interview on 2/14/23 revealed: -Usually checked exp | 3350 - dissolve 1 capful (17 8 ounces of liquid PRN. Discard 11/2/22. If Client #2's MARs for resent date revealed: 3350 - dissolve 1 capful (17 8 ounces of liquid PRN. vere initialed to indicate the n after the discard date. with the AFL provider biration dates on over-the dications, she "just forgot | | | | |

G4VU11