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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
			A. BUILDING				
MHL097-045		B. WING		02/13/2023			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
HOLLY HI	LLS GROUP HOME		BROOK STRI				
NORTH WIL					. 1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was 2023. Deficiencies we	s completed on February 13, ere cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .Supervised Living for Adults with Developmental Disabilities.						
	_	d for 6 and currently has a rey sample consisted of ents.					
V 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons transmit pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name;	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be refler administration. The following:					
	(D) date and time the	drug is administered; and person administering the					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 7			DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		152.1111107111011152111	A. BUILDING: _		33 22		
		MHL097-045 B. W		B. WING		3/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
HOLLY HI	LLS GROUP HOME		Y BROOK STRI				
	OLIMAN DV OT		ILKESBORO, N		TION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE	JLD BE	(X5) COMPLETE DATE	
V 118	8 Continued From page 1		V 118				
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation					
	This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the MAR was kept current for 1 of 3 audited clients (Client #2). The findings are: Review on 2/13/23 of Client #2's record revealed:						
	Disorder, Unspecified Unspecified Onset; In Disorder, Moderate; On Traumatic Brain Injury Bradycardia; Mixed H Hypertriglyceridemia; -Physician's orders day hydrobromide 20 milli mouth every night (fo	ve-Compulsive Related l; Conduct Disorder, ltellectual Developmental Cerebral Palsy, Secondary to y; Spastic Quadriparesis; lyperlipidemia; Anemia. lated 8/31/22 for citalopram grams (mg) 1 tablet by r depression) and oride (HCL) 10 mg 2 tablets					
	December 2022 throu- The instructions doci include the route of a	nide, or the hydroxyzine					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(3) DATE SURVEY COMPLETED		
		MHL097-045	B. WING		02	/13/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 118	Professional (QP)/Ex revealed: -Staff #1 used to work medication techniciar -Staff #1 brought it to management that Clic instructions for the roeither of his medicaticThis was discussed -The MAR and the profession of the roeach medication of the was going to specific about how to ensure	ecutive Director (ED) k in a nursing home as a the attention of ent #2's MAR did not have ute of administration for ons. in a staff meeting last week. harmacy prescription label were supposed to match. eak with the pharmacy the prescription labels uctions as ordered by the	V 118					

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