		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	or connection	BERTH IO/THOR HOWBER.	A. BUILDING:			
		MHL068-117	B. WING			R 03/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
AAGGIE	ALVIS WOMEN'S HA	I FWAY HOUSE	/ STATESIDE D . HILL, NC 275			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on March 3, 2023. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.					
		sed for 12 and currently has a urvey sample consisted of clients.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when at client's physician. (3) Medications, inclient's physician. (4) A Medication Action and the distribution of the privileged to prepare (4) A Medication Action and the distribution of the distributic distributic distribution of the	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 r legally qualified person and re and administer medications dministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

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AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NULL 000 447	B. WING		R		
		MHL068-117	D. WING		03/	03/2023	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
MAGGIE	ALVIS WOMEN'S HA	I EWAY HOUSE	V STATESIDE [HILL, NC 274_				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID				
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 118	Continued From page 1		V 118				
	drug.						
		for medication changes or					
	checks shall be red	corded and kept with the MAR					
	file followed up by appointment or consultation						
	with a physician.	with a physician.					
	This Rule is not met as evidenced by:						
	Based on record reviews and interviews, the						
	facility failed to keep the MAR current affecting two of three audited current clients (#1 and #2).						
	The findings are:						
	a. Review on 3/3/2	23 of client #1's record					
	revealed:						
	-Admission date of						
		bid Dependence, Bipolar					
	Disorder and Other	r Stimulant Dependence.					
	Review on 3/3/23 c	of physician's orders for client					
	#1 revealed:						
		/22 for Levetiracetam 500 eizures), one tablet twice a day					
	iningrams (my) (Si		y				
	-Order dated 10/6/2	22 for Folic Acid 1000					
	S (S /	(Folate deficiency), one tablet					
	in morning						
	Vitamin B-1 100 m tablet in the mornir	g (Thiamine Deficiency), one					
		ıg ı (Bipolar Disorder), one tablet					
	twice a day						
	Lithium 300 mg (Bi	polar Disorder), two tablets					
	twice a day						
	Buprenorphine 8-2 ealth Service Regulation	mg (Opioid Dependence),					

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 5

TATEMEN	of Health Service R	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL068-117	B. WING			R 03/2023
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
			/ STATESIDE D	DRIVE		
IAGGIE	ALVIS WOMEN'S HA	CHAPEL	HILL, NC 275	516		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID			
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	THE APPROPRIATE	COMPLE DATE
				DEFICIENC	:Y)	
V 118	Continued From page 2		V 118			
	dissolve one tablet					
		Anxiety), two tablets three				
	times a day Gabapentin 800 mg (Seizures), one tablet three					
	times a day					
	Prazosin 1 mg (Antihypertensive and Urinary					
	Retention), three ta	ablets at bedtime				
	Review on 3/3/23 of MARs for client #1 revealed:					
	February 2023-No	staff initials as administered				
	for the following medications:					
	-Folic Acid 1000 mcg on 2/1 thru 2/13 and 2/18					
	-Levetiracetam 500 -Vitamin B-1 100 m) mg on 2/6 7am dose				
	-Quetiapine 100 m					
	-Lithium 300 mg or					
		2 mg on 2/6 7am dose and				
	2/18 3pm dose					
	dose and 2/19 3pm	on 2/6 7am dose, 2/18 3pm				
		ng on 2/6 7am dose, 2/18 7am				
	dose and 2/18 3pm	dose				
	-Prazosin 1 mg on	2/7				
		staff initials as administered for				
	the following medic					
		cg on 1/20 thru 1/27 and 1/31) mg on 1/1 and 1/2 9pm				
	doses					
		n 1/1 and 1/2 9pm doses				
		2 mg on 1/2 3pm dose and 1/6				
	7pm dose	an 1/6 Zam dasa $1/1$ and $1/2$				
	9pm doses	on 1/6 7am dose, 1/1 and 1/2				
	b. Review on 3/3/2	3 of client #2's record				
	revealed:					
	-Admission date of					
	-Diagnoses of Alco ealth Service Regulation	hol Use Disorder, Opioid Use				

STATE FORM

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If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL068-117	B. WING			03/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MAGGIE	ALVIS WOMEN'S HA	LEWAY HOUSE	/ STATESIDE E . HILL, NC 275			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	DATE
V 118	Continued From pa	age 3	V 118			
	Disorder, Cannabis Use Disorder, Bipolar I Disorder, Depression, Generalized Anxiety Disorder and Attention Disorder Hyperactivity Disorder					
	Review on 3/3/23 of a physician's order for client #2 revealed: -Order dated 1/6/23 for Trazodone 50 mg (Depression, Sleep Disorders), one tablet at bedtime.					
		of a MAR for client #2 revealed initials as administered on 1/26 done.				
	-She thought there #1 January and Fe client #1 would son downstairs to get h -She also thought of appointments durin to get her medication -She wasn 't sure client #2's January	client #1 possibly had medical og the time she was supposed ons. why staff left blank spaces on 2023 MAR. ff failed to keep the MARs				
	Director revealed: -She thought client 2023 MARs had bla would sometimes r -She wasn ' t sure for January 2023.	with the Clinic Program #1's January and February ank spaces because client #1 efuse to take her medication. why client #2's MAR was blank ff failed to keep the MARs f1 and #2.				
		o accurately document stration it could not be				

If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER AND PLAN OF CORRECTION (X1) PROVIDER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R
		MHL068-117	B. WING			к 03/2023
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AGGIE	ALVIS WOMEN'S HA		V STATESIDE D			
		CHAPEI	- HILL, NC 275			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 4	V 118			
	determined if client as ordered by the p	ts received their medications ohysician				

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