STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on May 2, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 drugs. (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. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR, affecting 2 of 3 clients (clients #2, #3). The findings are: Review on 5/2/23 of client #3's record revealed: -19 year old male admitted 8/9/21. -Diagnoses included disruptive mood dysregulation disorder (DMDD), mild intellectual developmental disabilities, and generalized anxiety disorder. -Order dated 1/23/23 to increase Prozac to 80 mg (milligrams) (2 tablets) once a day. (Depression) -Order dated 1/23/23 for Haldol 10mg BID (twice daily). (antipsychotic) -Order dated 1/23/23 for Zyprexa 10 mg every night. (antipsychotic; symptom management) -Order dated 4/13/23 to discontinue Zyprexa and start Invega (mental/mood disorder treatment). He will start Invega 3 mg for 5 days, then increase to 6 mg (2 tablets) every night. Take Haldol 5 mg BID for 1 week, then discontinue. -Order dated 1/7/22 for Lactulose Solution 10 gm (grams)/15 ml (milliliters); take 15 ml daily. (enzyme supplement; lactose intolerance) Review on 5/2/23 of client #3's February through	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 2 May 2023 MARs revealed: -Haldol 10 mg was documented BID 4/14/23 - 4/24/23 and 4/25/23 at 8am. The documented doses starting with 4/22/23 at 8am had been crossed out. -Zyprexa 10 mg documented at 8pm from 4/14/23 through 4/24/23. The documented doses starting with 4/14/23 at 8 pm had been crossed out. -Prozac 40 mg, 1 tablet every morning was documented 2/1/23 - 2/28/23. -The first dose of Prozac 40 mg 2 tablets every morning was documented 3/1/23. -Lactulose 15 ml was documented daily at 8 am. Observations on 5/2/23 at 2:50pm of client #3's medications on hand revealed no Lactulose Solution on hand. Interview on 5/1/23 client #3 stated: -He could not recall when he moved into the facility. -He did not know how long he had lived in the facility. -Staff administered his medications. Finding #2: Review on 5/2/23 of client #2's record revealed: -24 year old male admitted 7/27/17. -Diagnoses included DMDD, mild intellectual developmental disabilities, and attention deficit hyperactive disorder (ADHD) combined. -Order dated 3/5/23 for Vitamin D2, 50,000 units every week. (supplement) -No order in the record for fluticasone nasal spray 50 mcg (micrograms), 1 spray in each nostril daily. (allergy symptom relief) -No order in the record for levothyroxine 88 mcg daily. (thyroid hormone replacement) Review on 5/2/23 of client #2's Gastroenterology	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 3 visit summary and medication list dated 1/18/23 revealed: -"Taking fluticasone nasal: 50 mcg/inh (inhalation) 1 spray (s) in each nostril prn (as needed." -"Taking levothyroxine: 88 mcg (0.088 mg) 1 tab orally once a day." Review on 5/2/23 of client #2's February through May 2023 MARs revealed: -Vitamin D2 50,000 units documented daily from 4/1/23 - 4/30/23. -Fluticasone nasal spray, 1 spray in each nostril, was transcribed to be given daily and was documented daily at 8 am from 2/1/23 - 5/2/23. -Synthroid 88 mcg documented daily at 8 am from 2/1/23 - 5/2/23. Observations on 5/2/23 at 2:50pm of client #2's medications on hand revealed: -No Ensure for client #2. -No fluticasone nasal spray on hand. Interview on 5/1/23 client #2 stated: -He had lived in the facility several years and liked it. -He took medications but did not know the medication names. -He took Depakote and a medication for ADHD. -He was not sure if he ever refused his medications or if the facility had all of his medications on hand. Interview on 5/2/23 Licensee #2 stated: -He was sure he did not administer client #3's Haldol 10 mg or Zyprexa 10 mg after 4/14/23. He removed these medications when the client's new order was received to discontinue each of these medications. -When he realized he documented some of the April 2023 doses of Haldol and Zyprexa in error	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 4 he drew the line across his initials. -He had not realized he had documented client #2's Vitamin D every day in April 2023; he would not have had enough of the medication on hand to have given this amount. -He had not noticed the February 2023 MAR had not updated the order for client #3's Prozac. He would have given the medication dispensed from the pharmacy. -Client #2 had consumed his last Ensure on 5/2/23 and it would be delivered from the pharmacy. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 121	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the client's physician was informed of drug regimen review results when medical intervention was indicated affecting 1 of 3 clients (#2). The findings are: Review on 5/2/23 of client #2's record revealed: -24 year old male admitted 7/27/17. -Diagnoses included disruptive mood dysregulation disorder , mild intellectual developmental disabilities, and attention deficit hyperactive disorder, combined. -Psychotropic medications ordered 11/22/22 and administered were as follows: -Guanfacine 4 mg (milligrams) ER (extended release)every morning. -Vyvanse 70 mg every morning. -Asenapine Sublingual 10mg twice daily. -Depakote 1,000 mg ER twice daily. -Risperidone 4 mg twice daily. -Fluoxetine 20mg every evening. -Mirtazapine 15mg at bedtime. -Zolpidem 10 mg at bedtime. Review on 5/2/23 of client #2's drug regimen reviews for 2/2/23 revealed: -Review had been completed by a pharmacist. -Two possible drug interactions were identified: -Guanfacine and Depakote -Depakote and Fluoxetine -Comment read: "Medication combination may increase risk of serotonin syndrome. Please confer with prescriber. Use lowest effective dose of risperidone due to interaction with Fluoxetine." Interview on 5/2/23 with Licensee #1 and Licensee #2 revealed: -Licensee #2 filed the pharmacy reviews in each client's facility record.	V 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 121	Continued From page 6 -Other than filing the reports, nothing else was done with the results. -Pharmacy reviews were never sent to the clients' physician. -Neither Licensee #1 or Licensee #2 were aware results had to be sent to a client's physician when the results indicated medical intervention may be needed.	V 121		