

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2023
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NAME OF PROVIDER OR SUPPLIER ENHANCED FAMILY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2140-A SANIBELLE LANE GREENVILLE, NC 27834
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 24, 2023. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternate Family Living in a Private Residence.</p> <p>This facility is licensed for 2 and has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa</p>	V 117		

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

TITLE

DAVE

(X6) DATE

4-24-23

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V 117	<p>Continued From page 1</p> <p>center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for one of three audited clients (#1). The findings are:</p> <p>Review on 3/23/23 of client #1's record revealed: -20 year old male. -Admission date of 6/28/19. -Diagnoses of Moderate Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder-Combined, Disruptive Mood Disorder, Post Traumatic Stress Disorder, Impulse Control, Conduct Disorder.</p> <p>Review on 3/23/23 of client #2's signed physician orders dated 1/6/23 revealed Palynziq 40mg (2, 20mg injections) daily.</p> <p>Observation on 3/23/23 at approximately 1:10pm of client #1's medications revealed: -58 Individual Palynziq Injections without the pharmacy label.</p> <p>Interview on 3/23/23 the Qualified Professional stated: -Client #1's Palynziq injections came in one big box and the label was on the box. -The box was thrown away. -He understood all prescription medications</p>	V 117	<p>V117 AFL provider will ensure that pharmacy packaging labels are maintained as required for each prescription drug dispensed which includes the member's name, prescribers name, date, directions for administration, name, strength, quality and expiration date of the prescribed drug, phone number of pharmacy and name dispensing practitioner. The Residential Director will monitor labels for all medications during monthly home visits and note form that is attached. Both RD and AFL will sign off on attached form indicating that this rule is met.</p>	5-23-23

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V 117	Continued From page 2 should be properly labeled.	V 117		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit. (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container. (C) separately for each client. (D) separately for external and internal use. (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure a refrigerated medication was kept in a locked compartment or container for one of two audited clients (#1) The findings are:</p> <p>Review on 3/23/23 of client #1's record revealed: -20 year old male.</p>	V 120	<p>V120 Facility has purchased a lock box to keep medications in refrigerator. RD and QP will sign off on the attached form on monthly basis indicating that this rule is met.</p>	5-23-23

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V 120	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Admission date of 6/28/19. -Diagnoses of Moderate Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder-Combined, Disruptive Mood Disorder, Post Traumatic Stress Disorder, Impulse Control, Conduct Disorder. <p>Review on 3/23/23 of client #2's signed physician orders dated 1/6/23 revealed Palynziq (lowers blood levels of phenylalanine) 40mg (2, 20mg injections) daily.</p> <p>Observation on 3/23/23 at approximately 12:50pm of client #1's medications revealed: -A small black refrigerator that was unlocked sitting on the counter beside the facility refrigerator. -58 individual Palynziq injections were inside the small black refrigerator.</p> <p>Interview on 3/23/23 the Qualified Professional stated: -He was told it was ok to store client #1's Palynziq medication in the small black refrigerator on the counter. -He was unsure who told him. -He would secure the Palynziq medications as soon as possible. -He understood all medications were required to be kept secure.</p>	V 120		

SANIBELLE LANE MEDICATION FORM (LABEL/REFRIGERATION)

Name of Individual	
Month/Year	

Name of Medication(s)	Label Attached: Yes/No		Medication Requires Refrigeration: Yes/No (if so, is it in the refrigerator – make comment)		Refrigerated Medication is in a locked box: Yes/No/NA		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Comments: _____

Residential Director's Signature

Date

AFL's Signature

Date

Due to QA by 5th of each month