		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL082-060	B. WING			10/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MERCY	CAREI		(AL LANE N, NC 28328			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on May 10, 2023. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted lat simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to have fire a	et as evidenced by: eview and interview the facility and disaster drills held at least ated on each shift. The				
	Review on 5/10/23	of facility records from 4/1/22	-			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL082-060	B. WING		R 05/10/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MERCY	CARE I		AL LANE N, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ge 1	V 114			
	3/31/23 revealed: -1st quarter (4/1/22 - 6/30/22): No fire or disaster drills documented on the 4th and 5th (weekend) shifts. -2nd quarter (7/01/22 - 9/30/22): No fire or disaster drills documented on the 4th and 5th (weekend) shifts. -3rd quarter (10/01/22 - 12/31/22): No fire or disaster drills documented on the 4th and 5th (weekend) shifts. -4th quarter (1/01/23 - 3/31/23): No fire or disaster drills documented on the 1st and 5th shifts.					
	-There were 5 shifts -1st shift was 7am -2nd shift was 3pm -3rd shift was 11pm -4th shift was 7pm -5th shift was 7am -Moving forward, sh shifts were covered	3 the Director stated: s throughout the week. - 3pm (Monday - Friday). - 11pm (Monday - Friday). - 7am (Monday - Friday). - 7am (Weekends). - 7pm (Weekends). ne would ensure that weekend I in fire and disaster drills.				
	and must be correc					
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person a drugs. (2) Medications sha		V 118			

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If continuation sheet 2 of 5

AND PLAN OF CORRECTION		Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 05/10/2023	
		MHL082-060				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MERCY	CARE I		AL LANE N, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
V 118	 (3) Medications, including administered only built unlicensed persons pharmacist or other privileged to prepare (4) A Medication Actual drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be recorded in the strength of the construction of the	 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 rug. C) Client requests for medication changes or hecks shall be recorded and kept with the MAR le followed up by appointment or consultation 				
	facility failed to kee of 3 clients (#1. #2, Finding #1: Review on 5/10/23 - 46-year old female - Admission date of - Diagnoses of dow	views and interview, the p the MARs current affecting 3 and #3). The findings are: of client #1's record revealed: e	3			
	Review on 5/10/23	of physician orders for client				

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		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL082-060	B. WING			R 10/2023
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
IERCY	CAREI		AL LANE I, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 118	Continued From pa	ge 3	V 118			
	 #1 dated 12/20/22, and 2/28/23 revealed: 12/20/22 - Furosemide (treats fluid retention) 40 milligrams (mg)- 1 tablet (tab) every morning. 2/28/23- Levothyroxine (treats hypothyroidism) 25 micrograms (mcg) - 1 tab daily. Review on 5/10/23 of client #1's February 2023 through May 2023 MARs revealed the following blanks: Furosemide 40mg - 4/16/23 at 8am. Levothyroxine 25mcg - 4/3/23 at 7am. 					
	 - 69-year old male - Admission date of - Diagnoses of cere developmental disa depression with psystem 	of client #2's record revealed: 7/30/08 ebral palsy, intellectual ability - mild, severe major ychotic features, diabetes, zures, and hypertension.				
	client #2 dated 11/2 - Metformin (treats tab every morning. - Vitamin D (treats (2000iu) - 1 tab dai - Simvastatin (treat tab every evening. - Baclofen (treats s daily.	high blood sugar) 500mg - 1 vitamin D deficiency)50mcg ly. s high cholesterol) 40mg - 1 pasticity) 10mg -1 tab 3 times ts gastroesophageal reflux)				
	through May 2023 I blanks:	of client #2's February 2023 MARs revealed the following - 4/3/23, 4/22/23,and 4/23/23 - 4/16/23 at 8am.				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		B. WING			R 05/10/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
MERCY	CAREI		AL LANE N, NC 28328				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ige 4	V 118				
	- Simvastatin 40mg - 4/9/23 at 8pm. - Baclofen 10mg - 3/31/23 and 4/25/23 at 12pm. - Omeprazole 10mg - 2/4/23 and 2/14/23 at 6am.						
	Finding #3: Review on 5/10/23 of client #3's record revealed: - 55-year old male - Admission date of 10/01/08 - Diagnoses of intellectual developmental disability - mild, dysthymia, hypothyroidism, obesity, and antisocial disorder						
	#3 dated 9/21/22 re	of physician orders for client evealed: arthritis) 15mg - 1 tab daily.					
		of client #3's February 2023 MARs revealed the following - 3/26/23 at 8am.					
		2 the Director stated: v documentation protocol with					
	medication adminis determined if client	o accurately document stration it could not be #1, #2, and #3 received their ered by the physician.					
	This deficiency con and must be correc	stitutes a re-cited deficiency sted within 30 days.					

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