| STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL001-276 |   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING:   |                            |  | (X3) DATE SURVEY<br>COMPLETED    |                        |
|--|---|--|----------------------------|--|----------------------------------|------------------------|
|  |   |  |                            |  |                                  |                        |
|  |   | B. WING  |                            | 06/07/2023   |                                  |                        |
| NAME OF F  | PROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY, ST           | TATE, ZIP CODE   |                                  |                        |
| PAUL'S I   | OVING CARE, INC II  |  | WALKER AVEN<br>M, NC 27253 | NUE  |                                  |                        |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLE<br>DATE |
| V 000  | INITIAL COMMEN  | rs   | V 000                      |  |                                  |                        |
|  | on June 7, 2023. Th<br>unsubstantiated (in<br>Deficiencies were c<br>This facility is licens  | take #NC00202167).<br>Sited.<br>Sed for the following service<br>C 27G .5600A Supervised   |                            |  |                                  |                        |
|  | census of 5. The su   | sed for 6 and currently has a<br>urvey sample consisted of<br>clients and 1 deceased client.   |                            |  |                                  |                        |
| V 118  | 27G .0209 (C) Med   | lication Requirements  | V 118                      |  |                                  |                        |
|  | <ul> <li>only be administered order of a person a drugs.</li> <li>(2) Medications shat clients only when a client's physician.</li> <li>(3) Medications, included the administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name;</li> <li>(B) name, strength, (C) instructions for</li> </ul> | inistration:<br>non-prescription drugs shall<br>ed to a client on the written<br>uthorized by law to prescribe<br>all be self-administered by<br>uthorized in writing by the<br>cluding injections, shall be<br>by licensed persons, or by<br>a trained by a registered nurse<br>r legally qualified person and<br>re and administer medications<br>liministration Record (MAR) of<br>red to each client must be kep<br>s administered shall be<br>ely after administration. The |                            |  |                                  |                        |

| STATEMENT OF DEFICIENCIES (X<br>AND PLAN OF CORRECTION |  | 2gulation<br>(X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: | CONSTRUCTION   |                | E SURVEY<br>PLETED |
|--|--|--|-------------------------------|--|----------------|--------------------|
|  |  | MHL001-276   | B. WING                       |  | 06/            | 07/2023            |
| NAME OF F  | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, ST              | TATE, ZIP CODE   |                |                    |
| PAUL'S I   | OVING CARE, INC II   |  | WALKER AVEN<br>II, NC 27253   | NUE  |                |                    |
| (X4) ID  | SUMMARY STA  | TEMENT OF DEFICIENCIES   | ID                            | PROVIDER'S PLAN OF   | CORRECTION     | (X5)               |
| PREFIX<br>TAG  |  | YMUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG                 | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | HE APPROPRIATE | COMPLET<br>DATE    |
| V 118  | Continued From pa  | ge 1   | V 118                         |  |                |                    |
|  | drug.<br>(5) Client requests f<br>checks shall be rec  | of person administering the<br>for medication changes or<br>orded and kept with the MAR<br>appointment or consultation |                               |  |                |                    |
|  | review the facility fa<br>current/accurate M/<br>immediately after ad                              | observation and record   |                               |  |                |                    |
|  | -Admission date of   | zophrenia; Intellectual or   |                               |  |                |                    |
|  | revealed:<br>Order dated 5/8/23:<br>-Amoxicillin-Cla<br>(mg)- One tablet ev<br>Order dated 5/2/23: | vulanate 875-125 milligram<br>ery 12 hours.  |                               |  |                |                    |
|  | -  |  |                               |  |                |                    |

|               |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                 |
|---------------|--|---|---|--|-------------------------------|-----------------|
|               |  | MHL001-276  | B. WING                                 |  | 06/                           | 07/2023         |
| NAME OF F     | PROVIDER OR SUPPLIER   | STREET AL   | DDRESS, CITY, ST                        | TATE, ZIP CODE   |                               |                 |
| PAUL'S I      | LOVING CARE, INC II  |   | NALKER AVEN<br>1, NC 27253              | NUE  |                               |                 |
| (X4) ID       |  | TEMENT OF DEFICIENCIES  | ID                                      | PROVIDER'S PLAN OF   |                               | (X5)            |
| PRÉFIX<br>TAG |  | / MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG                           | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | THE APPROPRIATE               | COMPLET<br>DATE |
| V 118         | Continued From pa  | ge 2  | V 118                                   |  |                               |                 |
| V 110         | Review on 6/6/23 of client #2's MARs for April<br>2023 through June 2023 revealed staff had not<br>initialed their names on medications as given on<br>the following dates:<br>May 2023:<br>-Amoxicillin-Clavulanate 875-125 mg-<br>Medication's name was not listed on the MAR.<br>June 2023:<br>-Depakote 125 mg- Medication's name was<br>not listed on the MAR. Staff did not initialed their<br>names from 6/1-6/5 @ 8am and 8pm, 6/6 @<br>8am.<br>Review on 6/6/23 of www.webmd.com revealed:<br>-Amoxicillin was an antibiotic.<br>-Depakote was used to treat seizures and mood<br>disorders.<br>Review on 6/6/23 of client #3's record revealed:<br>-Admission date of 1/25/23. |   |   |  |                               |                 |
|               | Moderate; Generali<br>Schizophrenia, Und<br>Review on 6/7/23 o   | or Depressive Disorder,<br>zed Anxiety Disorder;<br>lifferentiated.<br>f client #3's physician orders |   |  |                               |                 |
|               | -Olanzapine 10<br>tongue every night<br>Order dated 5/5/23:  | 0 mg- Take one tablet at night.<br>mg- Dissolve one tablet on<br>at bedtime.                          |   |  |                               |                 |
|               | times a day.<br>Order dated 5/18/23<br>-Oxycodone 5-3<br>4 hours as needed<br>Orders dated 6/2/23  | 3:<br>325 mg- Take one tablet every<br>for severe pain.   |   |  |                               |                 |
|               | one tablet twice a d   |   |   |  |                               |                 |

STATE FORM

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br>MHL001-276 |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED     |                          |
|---|--|--|---|--|-----------------------------------|--------------------------|
|   |  | MHL001-276   | B. WING                                 |  | 06/                               | 07/2023                  |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, ST                        | TATE, ZIP CODE   |                                   |                          |
| PAUL'S I  | LOVING CARE, INC II  |  | WALKER AVEI<br>M, NC 27253              | NUE  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 118   | Continued From pa  | ige 3  | V 118                                   |  |                                   |                          |
|   | hours as needed fo   | or up to 5 days.   |   |  |                                   |                          |
|   | revealed:<br>-Quetiapine 400 mg<br>-Olanzapine 10 mg<br>-Gabapentin 300 m<br>-Oxycodone 5-325<br>-Amoxicillin-Clavula<br>available. Medicatio<br>-Tramadol 50 mg w<br>popped accordingly<br>Review on 6/6/23 o<br>2023 through June<br>initialed their names<br>the following dates:<br>May 2023:<br>-Oxycodone 5-3<br>the MAR. Only liste<br>count record. Label<br>June 2023:<br>-Quetiapine 400<br>-Olanzapine 10<br>-Gabapentin 30 | was available.<br>Ig was available.<br>mg-was not available.<br>anate 875-125 mg was<br>on pack popped accordingly.<br>/as available. Medication pack<br>/.<br>f client #3's MARs for April<br>2023 revealed staff had not<br>s on medications as given on<br>325 mg- It was not listed on<br>Id at the controlled substance<br>led 5/18/23.<br>0 mg- 6/1-6/5.<br>0 mg- 6/1-6/5.<br>0 mg- 6/1-6/5.<br>0 mg- 6/1-6/5.<br>0 mg- 6/1-6/5.<br>avulanate 875-125 mg- 6/2- |   |  |                                   |                          |
|   | -Oxycodone- used<br>-Quetiapine- Used<br>-Olanzapine- Used<br>-Gabapentin- Used<br>nerve pain medicat  | to treat psychosis.<br>to treat Schizophrenia.<br>as an anticonvulsant and<br>ion<br>anate- Used as an antibiotic.   |   |  |                                   |                          |
| vision of !!  |  | with staff #4 revealed:<br>recently suffering from   |   |  |                                   |                          |

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|---|---|---|---|--|-------------------------------|-------------------------|
|   |   | B. WING   |   | 06/  | 07/2023                       |                         |
| NAME OF F   | PROVIDER OR SUPPLIER  | STREET AL   | DRESS, CITY, ST                         | ATE, ZIP CODE  |                               |                         |
| PAUL'S I  | OVING CARE, INC II  |   | NALKER AVEN<br>1, NC 27253              | IUE  |                               |                         |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                               | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE                | (X5)<br>COMPLET<br>DATE |
| V 118   | Continued From pa   | ge 4  | V 118                                   |  |                               |                         |
| V 736   | <ul> <li>seizures and was placed on medication to treat them.</li> <li>-Weekend staff may had omitted writing the Depakote on the June's MAR.</li> <li>-Client #2 had been given antibiotics last month.</li> <li>-He was on antibiotics for several days.</li> <li>-Medication was given until it ran out, which was the amount of time that he needed to take them.</li> <li>-She did not know why the Amoxicillin was not written down on the May's MAR and staff did not record them when they were given.</li> <li>Client #3 had recent dental work. Had to take an antibiotic and pain medication after his procedure.</li> <li>Medication is being given to him.</li> <li>-She was not aware that the weekend staff had not marked some of the medications for client #3.</li> </ul> |   |   |  |                               |                         |
| v 730   | 10A NCAC 27G .03<br>EXTERIOR REQUI<br>(c) Each facility and<br>maintained in a safe<br>manner and shall be<br>odor.   | l its grounds shall be<br>e, clean, attractive and orderly<br>e kept free from offensive<br>et as evidenced by: | V 730                                   |  |                               |                         |
|   | Based on observati<br>failed to be maintain<br>and orderly manner<br>Observation on 6/6/  | on and interview, the facility<br>ned in a safe, clean, attractive  |   |  |                               |                         |

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|---|--|---|---|--|---|-------------------------|
|   |  | MHI 001-276   |   |  |   |                         |
|   | PROVIDER OR SUPPLIER   |   | DDRESS, CITY, ST                                | TATE. ZIP CODE   | 00/   | 0772023                 |
|   | OVING CARE, INC II   | 322/324   | WALKER AVEN<br>M, NC 27253                      |  |   |                         |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>YMUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                             | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | FION SHOULD BE<br>THE APPROPRIATE           | (X5)<br>COMPLET<br>DATE |
|   | dots on the bottom<br>Observation on 6/6/<br>revealed:<br>-One of the panels<br>cracked.<br>Interview on 6/7/23<br>-Regarding window<br>one of client #2's gl<br>was broken. Facility<br>it replaced. She had<br>was on back order.<br>-Regarding the shor | r was dirty/stained with black<br>half portion of the curtain.<br>/23 of client #2's bedroom<br>from the windows was<br>with the Owner) revealed:<br>panel: She was aware that<br>ass panels from the window<br>/ was in the process of having<br>d been informed that the glass<br>wer curtain: She was not<br>ain was dirty/stained and |   |  |   |                         |
|   |  |   |   |  |   |                         |