

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2023
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NAME OF PROVIDER OR SUPPLIER PINEVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 304 SOUTH PINEVIEW AVENUE GOLDSBORO, NC 27530
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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 and follow up survey was completed on June 14, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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>	V 120		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were stored in a locked container for one of three audited clients (#5). The findings are:</p> <p>Observation on 06/13/23 at 2:10pm of refrigerator revealed 5 of client #5's Trulicity pens (diabetes) were in a black metal box and the box was not locked.</p> <p>Review on 06/14/23 of client #5's record revealed: -Admission date of 08/26/13. -Diagnoses of Traumatic Brain Injury, Alcoholism, Diabetes, Hepatitis C, Korsakoff ' s Syndrome, Insomnia.</p> <p>Interview on 06/13/23 the House Manager revealed: -The black box in the refrigerator always stayed locked. -The 3rd shift staff forgot to lock the box back up after administering the medication.</p> <p>Interview on 06/14/23 the Program Director revealed: -The black box in the refrigerator should always stay locked up.</p>	V 120		