STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL001-106 06/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **511 RICHMOND AVENUE** L & J HOMES, INC.-RICHMOND AVENUE **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 The Jule 23rd + 1/23/23
Nouse conducted Med. 8/2/33
Andmidication troung for
Riginary Avenue An annual and Follow-up survey was completed on June 15, 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 has a current census of 2. The survey sample consisted of audits of 2 current clients. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION given by DCN will be CK by the written order. REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall Step#J: Nouse will check only be administered to a client on the written order of a person authorized by law to prescribe an medications to monitor (2) Medications shall be self-administered by Whether mechanis clients only when authorized in writing by the 94 11 available by check client's physician. of MAR weeking for six with (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 p#3 Nurse will where privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of medication against MAR 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; and name of intials are (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. to accuracy (5) Client requests for medication changes or Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Division of Health Service Regulation

STATE FORM

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8RT41DHSR - Mental Health

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL001-106 B. WING 06/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 511 RICHMOND AVENUE L & J HOMES, INC.-RICHMOND AVENUE **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 2 V 118 June 2023: -From 6/1-6/15 Review on 6/15/23 of www.webmd.com revealed: -Cetirizine is an antihistamine medicine that helps the symptoms of allergies. Interview on 6/15/23 with the Qualified Professional revealed: -Client #1's physician prescribed Cetirizine for 14 days. Pharmacy did not get prescription to be -After 14 days, pharmacy did not refill the medication and did not place it inside the bubble packs. -House staff did not match packs with MAR and continued to check medication as given, but in reality, medication was not given. -- Pharmacy should have also taken med off MAR. -He acknowledged that facility failed to keep the MAR current.

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL001-106 06/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 511 RICHMOND AVENUE L & J HOMES, INC.-RICHMOND AVENUE **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 1 V 118 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 interview, observation and record review the facility failed to maintain a current/accurate MAR with medications recorded immediately after administration, affecting 1 of 2 current clients (#1). The findings are: Review on 6/15/23 of client #1's record revealed: -Admission date of 7/28/20. -Diagnoses of Autism; Attention Deficit Hyperactivity Disorder; Insomnia: Obesity: Vitamin D Deficiency. Review on 6/15/23 of client #1's physician's order dated 3/8/22 revealed: -Cetirizine 10 milligram (mg)- Take one tablet daily. Observation on 6/15/23 of client #1's medications revealed: -Cetirizine was not available. Review on 6/15/23 of client #1's MARs for April 2023 through June 2023 revealed

April 2023:

May 2023:

-From 4/1-4/30.

-From 5/1-5/31.

-Staff had initialed their names on the medication

Cetirizine as given on the following dates: