If continuation sheet 1 of 4

Division of Health Service Reg		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1			COMP	LETEU
		MHL0411156	B. WING			
NAME OF PROVIDER OF CURRING			ADDRESS, CITY, STAT	09/07/2023		
CERRION	10.51			E, ZIP CODE		
SEDRICK	'S PLACE		ERRELL DRIVE OINT, NC 27262			
(X4) ID	SUMMARY S		OINT, NC 27262			
PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DRE	(X COMF DA
				DEFICIENCY)	TUTTE	DA.
V 000	INITIAL COMMENT	S	V 000			
	An annual aureau					
	Deficiencies were ci	as completed on 9/7/23.				
	- onordioles were Cl	ieu.				
	This facility is license	ed for the following service				
	category: 10A NCAC	27G .5600C Supervised				
	Living for Adults with Developmental Disability.					
	This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of					
	audits of 2 current cli	ents.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	10A NCAC 27G .020					
	REQUIREMENTS (c) Medication administration:					
1						
	(1) Prescription or no	n-prescription drugs shall				
(only be administered	to a client on the written				
(order of a person auti	norized by law to prescribe				
	drugs.					
- 1	2) Medications shall	be self-administered by				
	client's only when autr client's physician.	norized in writing by the				
		ding injections, shall be		W. W.		
F	idministered only by I	icensed persons, or by		*		
	inlicensed persons tra	ained by a registered nurse,		w		
	harmacist or other le	gally qualified person and				
	rivileged to prepare a	and administer medications.		DHSP Montalli W		
	4) A Medication Admi	nistration Record (MAR) of		DHSR - Mental Health	1	
	II drugs administered	to each client must be kept		0.55		
	urrent. Medications a	dministered shall be		SEP 2 5 2023		
	corded immediately	after administration. The				
	MAR is to include the following: A) client's name;			Lic. & Cert. Section		
		d quantity of the drug;		a con dection		
	instructions for adn	u quantity of the drug;				
	C) instructions for administering the drug; D) date and time the drug is administered; and					
) name or initials of r	person administering the				
dr	rug.	daministering tile				
	Service Regulation 4			*		

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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 MHL0411156 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1210 TERRELL DRIVE SEDRICK'S PLACE HIGH POINT, NC 27262 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 1 V 118 (5) Client requests for medication changes or 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 record reviews, observation and interviews the facility failed to keep the MAR current and failed to ensure medications were administered as ordered for 2 of 2 clients. The findings are: Review on 9/6/23 of client #1's record revealed: -Admission date of 10/2/22. -Diagnoses of Down Syndrome, Profound Intellectual Developmental Disability, Constipation, Hypothyroidism. Hypercholesterolemia, Seizure Disorder, Autistic Tendencies. DW Review on 9/6/23 of client #2's record revealed: -Admission date of 4/31/18. -Diagnoses of Autistic Disorder, Severe Intellectual Developmental Disability, Seizure Disorder. Review on 9/6/23 of client #1's physician's orders revealed: -Trazadone 100 milligrams (mg) 2 tablets by mouth at bedtime for sleep ordered 8/29/23. -Flintstones Complete Multivitamin (nutritional supplement) chew and swallow one tablet daily ordered 7/6/23. -Vitamin E 180 mg (nutritional supplement) one

Division of Health Service Regulation

A BUILDING: DOS MAIL DESTRUCTION DOS DATE SURVEY COMPLETED	Division	of Health Service Regu	lation	FORM APPROVED			
SERRICK'S PLACE SUMMARY STATEMENT OF DEFICIENCIES 1210 TERRELL DRIVE 1210 TERRELL DRIV	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				
SEDRICK'S PLACE SEDRICK'S PLACE SUMMARY STATEMENT OF DEPICIENCIES HIGH POINT, NC 27262 V118 CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 2 capsule by mouth twice daily ordered 7/6/23. Review on 9/6/23 of client #1's MAR for the month of September 2023 revealed: -Trazadone 100 mg initiated as administered 9/2/23 through 9/6/23Filinistones Complete Multivitamin initiated as administered on 9/4/23 through 9/6/23Vitamin E 180 mg initiated as administered on 9/4/23 through 9/6/23. Observation on 9/6/23 at 11:01 am of Client #1's medications revealed: -Trazadone has a new prescription. It just changed last week. Signed for Filinstones Complete Vitamin and Vitamin E on 9/6/23 but did not give the medications bad been in the previous cycles bubble packAware that the date on the MAR should have been circled and noted on the back of the MAR that the medication was not availableInterview on 9/6/23 with the House Manager (HM) revealed: -Trazadone 100 mgTues of bubble pack and 100 mgTues of bubb			MHL0411156	B. WING		00/07/2022	
SEDRICK'S PLACE 1210 TERRELL DRIVE HIGH POINT, NC 27262	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS CITY S	TATE ZIP CODE	1 00/0	7172025
(A4) D SUMMARY STATEMENT OF DESCRIPCIONS PRETIX TAG SUMMARY STATEMENT OF DESCRIPCIONS (EACH OFFICENCY MUST BE PRECEDED BY FULL TAGE REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX TAGE V 118 Continued From page 2 capsule by mouth twice daily ordered 7/6/23. Review on 9/6/23 of client #1'S MAR for the month of September 2023 revealed: -Trazadone 100 mg initialed as administered 9/2/23 through 9/6/23Flintstones Complete Multivitamin initialed as administered on 9/4/23 through 9/6/23. Vitamin E 180 mg initialed as administered on 9/4/23 through 9/6/23. Vitamin E 180 mg initialed as administered on 9/4/23 through 9/6/23. Observation on 9/6/23 at 11:01 am of Client #1's medications revealed: -Finistones Complete Vitamin was not available. Interview on 9/6/23 with staff #1 revealed: -Trazadone has a new prescription. It just changed for Finistones Complete Vitamin and Vitamin E on 9/6/23 but did not give the medications because they were not in the bubble packThe new cylce of bubble packs started 9/4/23The medications had been in the previous cycles bubble packThe new cylce of bubble packs started 9/4/23The medications was not available. Interview on 9/6/23 with the House Manager (HM) revealed: -Client #1 "had an appointment last Tuesday (8/29/23) and they (doctor) upped it (Trazadone) a 100 mg." -Usually they (pharmacy) send a new MAR and I thought I put that in the book." -"Ineed to call the pharmacy and see if they can	SEDDIOK	10 DI 405			IATE, ZIP CODE		
PREFIX TAG PREFIX TAG PREGULATORY OR ISC IDENTIFYING INFORMATION) V118 Continued From page 2 capsule by mouth twice daily ordered 7/6/23. Review on 9/6/23 of client #1's MAR for the month of September 2023 revealed: -Trazadone 100 mg initialed as administered 9/2/23 through 9/6/23. -Inimistones Complete Multivitamin initialed as administered on 9/4/23 through 9/6/23. -Vitamin E 180 mg initialed as administered on 9/4/23 through 9/6/23. Observation on 9/6/23 at 11:01 am of Client #1's medications revealed: -Finistones Complete Vitamin was not available. -Vitamin E was not available. Interview on 9/6/23 with staff #1 revealed: -Trazadone has a new prescription. It just changed last week.* -Signed for Finistones Complete Vitamin and Vitamin E on 9/6/23 but did not give the medications because they were not in the bubble pack. -The new cycle of bubble packs started 9/4/23. -The medications had been in the previous cycles bubble pack. -Aware that the date on the MAR should have been circled and noted on the back of the MAR that the medication was not available. Interview on 9/6/23 with the House Manager (HM) revealed: -Client #1'had an appointment last Tuesday (8/29/23) and they (doctor) upped it (Trazadone) a 100 mg." -Usually they (pharmacy) send a new MAR and I thought I put that in the book." -I need to call the pharmacy and see if they can			HIGH PO		2		
capsule by mouth twice daily ordered 7/6/23. Review on 9/6/23 of client #15 MAR for the month of September 2023 revealed: -Trazadore 100 mg initialed as administered 9/2/23 through 9/6/23Fiintstones Complete Multivitamin initialed as administered on 9/4/23 through 9/6/23Vitamin E 180 mg initialed as administered on 9/4/23 through 9/6/23 at 11:01 am of Client #1's medications revealed: -Fiintstones Complete Vitamin was not availableVitamin E was not availableVitamin E was not availableVitamin E on 9/6/23 with staff #1 revealed: -Trazadone has a new prescription. It just changed last week." -Signed for Fiintstones Complete Vitamin and Vitamin E on 9/6/23 but did not give the medications because they were not in the bubble packThe new cycle of bubble packs started 9/4/23The medication had been in the previous cycles bubble packAware that the date on the MAR should have been circled and noted on the back of the MAR that the medication was not available. Interview on 9/6/23 with the House Manager (HM) revealed: -Client #1 "had an appointment last Tuesday (8/29/23) and they (doctor) upped it (Trazadone) a 100 mg." -"Usually they (pharmacy) send a new MAR and I thought I put that in the book." -"I need to call the pharmacy and see if they can	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
send me a MAR for the 200 mg of Trazodone at	*	Review on 9/6/23 of comonth of September 2 -Trazadone 100 mg in 9/2/23 through 9/6/23Flintstones Complete administered on 9/4/23 -Vitamin E 180 mg initi 9/4/23 through 9/6/23. Observation on 9/6/23 medications revealed: -Flintstones Complete -Vitamin E was not available to the complete review on 9/6/23 with "Trazadone has a new changed last week." -Signed for Flintstones Vitamin E on 9/6/23 but medications because the packThe new cylce of bubbetones with the medication was the complete packAware that the date on been circled and noted that the medication was never all the medicat	ient #1's MAR for the 2023 revealed: itialed as administered Multivitamin initialed as 3 through 9/6/23. ialed as administered on at 11:01 am of Client #1's Vitamin was not available. initiable. In staff #1 revealed: In prescription. It just Complete Vitamin and It did not give the Iney were not in the bubble seen in the previous cycles In the MAR should have on the back of the MAR Is not available. In the House Manager (HM) Intiment last Tuesday tor) upped it (Trazadone) Sy) send a new MAR and I book." In acy and see if they can		thed a truing up all son major sure we do sign for a modern the nut available for whatever asch when not available on finch the pertire of major up ill vent new cifele meds as in the major whill vent all meds ere in. When eur a challeng the all major in whill check with phine to make sue the second that charge in the medath was the electure of that charge in the medath was sue when your ware sue was the electure of that charge in the medath was sue when you was the electure of the medath was sue when your make sue get a wew make the charged medath place and in tel, the white carret arder in	the chall the chall her all the chall her all the chall her all the chall her all her	

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STATEMENT OF DEFICIENCIES (X1) F		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0411156	B. WING				
NAME OF PE	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE ZIP CODE	1 09	/07/2023	
SEDRICK'S	SPLACE		RRELL DRIVE	TATE, ZIF CODE			
		HIGH PO	DINT, NC 27262	2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
t t t t t t t t t t t t t t t t t t t	the doctor prior to filling Vitamin and Vitamin Exercises on 9/6/23 of corevealed: -Pantoprazole 40 mg mouth daily ordered 6 Review on 9/6/23 of comonth of July 2023 respentition of July 2023 respenti	waiting for new orders from ng the Flintstones Complete E. Slient #2's physician's order (acid reflux) 1 tablet by 1/13/22. Ilient #2's MAR for the vealed: for the dates of 7/1/23 were circled with a note on e medication was not th the HM on 9/6/23 of the Protonix se the doctor's office wasn't	V 118	HEME MY WILL FULL ON MEDS THEH NO EVEN RULED When medoth r ONEWHO WILL WHEN ME WILL TOWN TO SUL DI. TO SUND PLINE ON TEKS.	Caplet Caplet Caplet	9/8/2	