		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL047-164	B. WING		10/	11/2023
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
AMAT GF	ROUP HOMES 2		PIA COURT RD, NC 28376			
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
	on October 11, 202 unsubstantiated (in deficiency was cited					
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		sed for 6 and currently has a rrvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administere					
	 (2) Medications sha clients only when a client's physician. (3) Medications, inc. 	all be self-administered by uthorized in writing by the cluding injections, shall be				
	unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administer	y licensed persons, or by trained by a registered nurse legally qualified person and e and administer medications lministration Record (MAR) of red to each client must be kep				
	recorded immediate MAR is to include th (A) client's name;	-				
	(C) instructions for	and quantity of the drug; administering the drug; ne drug is administered; and				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL047-164	B. WING		10/	11/2023
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
AMAT GI	ROUP HOMES 2		PIA COURT D, NC 28376			
(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 AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	age 1	V 118			
	drug. (5) Client requests checks shall be red	of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on records r facility failed to kee	et as evidenced by: review and interviews the p MARs current and record idministration for 1 of 3 current idings are:				
	revealed: -Admission date of					
	Type; Panic Disord Disability; Unspecif Unspecified Anxiet Anxiety.	izoaffective Disorder, Bipolar er; Unspecified Intellectual fied Depressive Disorder; y Disorder; Type I Diabetes;				
	Hospital Indicating from 8/27/23 to 8/2 for Homicidal Ideat -Physician's orders	ork from Cape Fear Valley that Cl #1 was hospitalized 9/23. Cl #1 was hospitalized ion and Suicidal Ideation. dated 12/7/22: 5 milligrams (mg)- 1 tablet by				
	mouth once a day. -Vitamin B-12 once a day.	1000 mg-1 tablet by mouth				
	day at bedtime.	0 mg- 1 tablet by mouth once a te 325 mg- 1 tablet by mouth ime.	3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL047-164	B. WING		10/	11/2023
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AMAT GI	ROUP HOMES 2		PIA COURT RD, NC 28376			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
V 118	Continued From pa	ige 2	V 118			
		- 1 capsule by mouth once a				
	day at bedtime.					
		mg- 1 tablet by mouth three				
	times a day.	datad 7/14/02:				
	-Physician's orders dated 7/14/23:					
	-Levothyroxine 25 mg- 1 tablet by mouth once a day in the morning and on an empty					
	stomach.					
	-Melatonin 5 mg- 1 tablet by mouth once a					
	day at bedtime.					
	-Trazodone 50 mg- 1 tablet by mouth once a					
	day at bedtime.					
	-Clonazepam 0.5 mg- 1 tablet by mouth twice		; ;			
	a day. Physician's orders dated 8/30/23:					
	-Janumet 50-1000 mg- 1 tablet by mouth					
	twice a day after food.					
	-Insulin Lispro	100 unit/ml- Inject 5 units				
		e times a day with meals and				
	per sliding scale before meals and at bedtime.					
		ood sugar 61-150 0 units, 151-				
	-350 8 units, 351-40	i0 4 units, 251-300 6 units, 301 00 10 units.				
		of CI #1's MARs for August ber 6, 2023 revealed:				
	-August 2023:					
		heir initials on all of Cl #1's				
	medications as adn	ninistered from 8/28/23-				
		h she was out of the facility or	ו			
	those days.					
	•	100 unit/ml- 8/1-8/31- Facility				
		n as given once daily (8 am). number of times given, but				
		it to indicate as administered.				
	September:					
	•	100 unit/ml- 9/1-9/30- Facility				
	recorded medicatio	n as given once daily (8 am).				
		number of times given, but				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MUL 047 404	B. WING		10/11/2023		
		MHL047-164			10/	11/2023	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST PIA COURT	IATE, ZIP CODE			
AMAT GI	ROUP HOMES 2		D, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	age 3	V 118				
	only once a day th	at to indicate as administered.					
	recorded medication Did not record the only once a day the Interview on 10/6/2 -CI #1 received ins -She monitored CI four times a day. -CI #1 wore a sense read the sugar bloot the phone. -She administered whenever CI #1's the -She followed the se sugars were low, se Kwikpen. -She acknowledge that she had to add than once a day to	#1's blood sugar levels up to sor patch and she was able to od levels via an application on the Humalog Kwikpen to Cl #1 blood sugar levels were high. sliding scale. If Cl #1's blood she would not administer the ed that there were many days minister the Kwuikpen more					
	that she administe Interview on 10/6/2 revealed: 10/6/23: -She understood h to follow the physic being done at the I -Staff were followin orders.	red the medication once a day. 23 and 10/11/23 with the Owner low confusing it may had been cian's order and what was house. ng the sliding scale per Doctor's					
	#1's sugars were a -Staff was only rec be giving it more th	ording it once a day, but may nan once a day. or patch and was constantly					

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL047-164	B. WING		10/	11/2023	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
MAT GF	ROUP HOMES 2		SPIA COURT RD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 118	-She was not aware continued to mark (ge 4 e that staff at the facility Cl #1's medications as e days that she was at the	V 118				
	ealth Service Regulation						