STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	Coca pag	ESIDES	
		^	A. BUILDING:		CON	(X3) DATE SURVEY COMPLETED	
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DEE & G	ENRICHMENT CENT	ER#3 321 AUS	TIN STREET				
(X4) (D		BURLIN	GTON, NC 27:	217			
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	An annual survey w	as completed on September					
-	18, 2023. Deficienci	es were cited,					
	This facility is license	ed for the following service				ĺ	
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į	Living for Adults with	Mental lilness.					
	This facility is license	ed for 3 and currently has a					
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	audits of 3 current of	lents.		•	ļ		
V 113	27G .0206 Client Red	cords	V 113		R PACHE BERNE		
1	10A NGAC 27G .020	6 CLIENT RECORDS					
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là	D) race, gender and : E) admission date;	marital status;					
(F	=) discharge date:		4		į		
(2	2) documentation of r	mental illness.	-				
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(b)	a signed statement	from the client or legally			Of the public of		
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TORY DIR	CIAC	UPALIER REPRESENTATIVE'S SIGNATI	URE	TITLE	- Sum	J	
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: COMPLETED MHL001-132 B. WING 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DEE & G ENRICHMENT CENTER #3 321 AUSTIN STREET BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 113 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 113 Continued From page 2 V 113 Hypertension, Epilepsy, Selzure Disorder, Insomnia, Renal Insufficiency, -There was no documentation of progress toward outcomes. Review on 9/18/23 of Client #3's record revealed: -Admission date of 6/14/11. -Diagnoses of Bipolar Affective Disorder, Mental Retardation; Paranoid Schlzophrenia: Constipation; Insomnia; Prediabetes. -There was no documentation of progress toward outcomes Interview on 9/14/23 with the Owner revealed: -Facility had not been completing progress notes for a while. -Reported that since COVID hit, facility had stopped doing some of the things they used to -She confirmed there was no documentation of client's progress toward outcomes. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENT'S (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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 privileged to prepare and administer medications.

PRINTED: 09/19/2023 **FORM APPROVED** 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 MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 AUSTIN STREET DEE & G ENRICHMENT CENTER #3** BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (25) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE CHAIRE TAG DEFICIENCY) V 118 | Continued From page 3 V 118 (4) A Medication Administration Record (MAR) of 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: (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. (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 review, observation and interview the facility falled to A) Ensure medications were administered on the written order of a physician for three of three audited clients (#1, #2 and #3), and B) Ensure MARs were kept current for three of three audited clients (#1, #2 and #3) The findings are: Review on 9/18/23 of Client #1's record revealed: -Admission date of 10/3/22. Diagnoses of Schizoaffective Disorder:

Division of Health Service Regulation

Hypertension.

Congenital Deafness; Diabetes Mellitus;

reflux disease (GERD); Hyperlipidemia:

-Test Blood Sugars two times daily.

-Physician's order dated 10/19/22:

Hypothyroidism Encephalitis: Gastroesophageal

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ()(2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R. WING MHL091-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 AUSTIN STREET DEE & G ENRICHMENT CENTER #3 BURLINGTON, NC 27217** PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X3) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING IMPORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 4 811 V Observation on 9/18/23 at 1:30 pm of Client #1's medications revealed: Glucometer was available. Review on 9/18/23 of Client #1's MAR for July 1. 2023 through September 18, 2023 revealed: -Blood sugars were marked as checked twice daily everyday for the period covered. Review on 9/18/23 of Client #1's Glucometers (2) recordings for July 11, 2023 through September 18, 2023 revealed blood sugars were not checked as ordered on the following dates: -7/11 (once); 7/15-7/16 (none); 7/24 (once); 7/26 (once); 7/27 (once) 7/29-7/31 (once). -8/1-8/2 (once); 8/4 (none); 8/5 (once); 8/6 (none); 8/7-8/8 (once); 8/10/-8/12 (once); 8/15 (once); 8/20 (once); 8/22-8/25 (once); 8/26-8/28 (none); 8/31 (once). September: -9/1- (once); 9/3-9/4 (once); 9/6-9/8 (once); 9/10-9/13 (once); 9/15-9/16 (once). -Facility did not follow physician's order of checking Client #1's blood sugars twice a day. -Client #1's MAR wrongfully indicated that his sugars had been checked twice daily everyday. -Due to the failure to accurately document medication administration and not having all daily data available it could not be determined if Client #1 blood sugars had been checked twice a day. Review on 9/18/23 of Client #2's record revealed: -Admission date of 6/4/11. -Diagnoses of Psychosis: Diabetes Type II. Hypertension, Epilepsy, Seizure Disorder, Insomnia. Renal Insufficiency.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET **DEE & G ENRICHMENT CENTER #3** BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 5 V 118 -Physician's orders dated 11/7/22: -Eucerin- Apply topically to feet at bedtime -There were no physician's orders for the following: -Metamucil- Take 1 packet three times daily. -Polyethylene Glycol 3350- Mix 17 gm in liquid and drink daily. Observation on 9/18/23 at about 1:45 pm of Client #2's medications revealed: Eucerin was not available. -Metamucil was not available. Polyethylene Glycol 3350 was available. Review on 9/18/23 of Client #2's MAR for July 1, 2023 through September 18, 2023 revealed: -All the medications mentioned were marked as given daily everyday for the period covered. -Client #2's Eucerin and Metamucii were not available at the home, but the MAR indicated that they were being administered. -Client #2's Polyethylene Glycol 3350 was available at the home, but did not have a physician's order. Due to the failure to accurately document medication administration and not having medication available, it could not be determined if Client #2 received his medications as ordered by the physician. Review on 9/18/23 of Client #3's record revealed; -Admission date of 6/14/11. -Diagnoses of Bipolar Affective Disorder, Mental Retardation; Paranoid Schizophrenia: Constitution: Insomnia: Prediabetes. -Physician's orders dated 11/7/22: -Zolpidem 10 mg- Take 1 tablet daily before bedtime.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING: COMPLETED MHL001-132 B. WING 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 AUSTIN STREET** DEE & G ENRICHMENT CENTER #3 BURLINGTON, NC 27217 (X4) (D PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 6 V 118 Review on 9/18/23 of Client #3's medication packages revealed: Zolpiderm was not available. -Packages were dispensed on 9/5/23. Review on 9/18/23 of Client #3's MAR for July 1. 2023 through September 18, 2023 revealed: -Medication mentioned was marked as given daily everyday for the period covered. -Client #3's Zolpiderm was not available at the home, but staff continued to mark medication as given on his MAR. -Due to the failure to accurately document medication administration and not having Client #3's Zoloiderm available, it could not be determined if he received his medications as ordered by the physician. Interview on 9/18/23 with the Owner revealed; -Regarding the blood sugar checks- She acknowledged that Client #2's blood sugars were not being checked twice per doctor's orders. -Reported that they would consult with Client #2's doctor to either discontinue order or to have his blood sugars checked only once per day as his sugar levels had been under control for quite some time. -Regarding Client #3's Zolpidem- She thought it was in the pack because all medications came prepackage. She was responsible for making sure client's medications were correct when they were delivered by the pharmacist. -She had gotten used to the pharmacy sending them correctly, so she stopped checking. -Latest medication package for Client #3 came in on 9/5/23. -The missing medicine was to help him sleep, but he had been sleeping well this month.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **0(2) MULTIPLE CONSTRUCTION** (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 AUSTIN STREET** DEE & G ENRICHMENT CENTER #3 **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 7 -it was unknown at this time how long client had been without the medication. Due to the failure to accurately document medication administration and not having a medication available it could not be determined if Client #2 received her medications as ordered by the physician. V 121 27G .0209 (F) Medication Requirements V 121 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who received psychotropic drugs. The findings Review on 9/18/23 of Client #1's record revealed: Admission date of 10/3/22.

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XII) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WRIG MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET DÉE & G ENRICHMENT CENTER#3 BURLINGTON, NC 27217 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 8 V 121 Diagnoses of Schizoaffective Disorder: Congenital Deafness; Diabetes Mellitus; Hypothyroidism Encephalitis; Gastroesophageal reflux disease (GERD); Hyperlipidemla: Hypertension. -Physician's order dated 10/19/22: -Clozapine 100 milligrams (mg)- Take 2 tablets by mouth every morning and 3 tablets at bedtime. -Risperidone 3 mg-Take 1 tablet by mouth twice daily. -Sertraline 100 mg- Take 1 tablet by mouth once daily at bedtime. -Clonazepam 0.5 mg- Take 1 tablet by mouth once dally as needed. -Haloperidol 5mg- Take 1 tablet by mouth every 6 hours as needed for severe psychosis/agitation not to exceed 4 tablets/24 hours. -The July, August and September 2023 Medication Administration Record (MAR) revealed Client #1 was administered the above medications daily. -There was no evidence of a psychotropic drug review for Client #1's medications in the last six months. Review on 9/18/23 of Client #2's record revealed: -Admission date of 6/4/11. Diagnoses of Psychosis: Diabetes Type II. Hypertension, Epilepsy, Seizure Disorder, Insomnia, Renal Insufficiency, -Physician's orders dated 11/7/22: -Aripiprazole 15 mg- Take 1 tablet by mouth daily. -Clonazepam 1 mg- Take 1 tablet by mouth at bedtime. -Mirtazapine 15 mg- Take 1 tablet by mouth -Quetiapine 400 mg- Take 2 tablets by mouth

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		EFICIENCIES RRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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Division of Health Service Regulation (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **DENTIFICATION NUMBER** A. BUILDING: \_\_\_ B. WING MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET **DEE & G ENRICHMENT CENTER # 3 BURLINGTON, NC 27217** (X4) ID PRÉFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XXS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 121 Continued From page 10 V 121 completed.

Division of Health Service Regulation

**FORM APPROVED** 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 MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 AUSTIN STREET DEE & G ENRICHMENT CENTER #3 BURLINGTON, NC 27217** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX (XS) COMPLETE DATE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 121 V 121 Continued From page 10 completed.

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racii	ie commed the six n	nonths psychotropic drug	]		Ì	- 1
	iew for clients #1, #2 Service Regulation	and #3 had not been	1		1	1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (C2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: \_ COMPLETED MHL001-132 B. WING 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 321 AUSTIN STREET DEE & G ENRICHMENT CENTER #3 **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XG) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DAYE **DEFICIENCY)** V 121 Continued From page 8 V 121 -Diagnoses of Schizoaffective Disorder; Congenital Deafness: Diabetes Mellitus: Hypothyroidism Encephalitis: Gastroesophageal reflux disease (GERD); Hyperlipidemla; Hypertension. -Physician's order dated 10/19/22: -Clozapine 100 milligrams (mg)- Take 2 tablets by mouth every morning and 3 tablets at bedtime. -Risperidone 3 mg-Take 1 tablet by mouth twice daily. -Sertraline 100 mg- Take 1 tablet by mouth once daily at badtime. -Clonazepam 0.5 mg- Take 1 tablet by mouth once daily as needed. -Haloperidol 5mg- Take 1 tablet by mouth every 6 hours as needed for severe psychosis/agitation not to exceed 4 tablets/24 hours. -The July, August and September 2023 Medication Administration Record (MAR) revealed Client #1 was administered the above medications daily. -There was no evidence of a psychotropic drug review for Client #1's medications in the last six months. Review on 9/18/23 of Client #2's record revealed: Admission date of 6/4/11. -Diagnoses of Psychosis; Diabetes Type II. Hypertension, Epilepsy, Seizure Disorder, Insomnia, Renal Insufficiency. -Physician's orders dated 11/7/22: -Arlpiprazole 15 mg- Take 1 tablet by mouth daily. Clonazepem 1 mg- Take 1 tablet by mouth at -Mirtazapine 15 mg- Take 1 tablet by mouth at bedtime. -Quetiapine 400 mg- Take 2 tablets by mouth

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CUA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: B. WING MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET **DEE & G ENRICHMENT CENTER #3** BURLINGTON, NC 27217 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 V 118 Continued From page 7 -It was unknown at this time how long client had been without the medication. Due to the failure to accurately document medication administration and not having a medication available it could not be determined if Client #2 received her medications as ordered by the physician. V 121 27G .0209 (F) Medication Requirements V 121 10A NCAC 27G J0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drugregimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who received psychotropic drugs. The findings are: Review on 9/18/23 of Client #1's record revealed:

Division of Health Service Regulation

Admission date of 10/3/22.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (VZ) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (23) DATE SURVEY DENTIFICATION NUMBER A BUILDING: COMPLETED MHL061-132 B. WING 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DEE & G ENRICHMENT CENTER # 3 321 AUSTIN STREET BURLINGTON, NC 27217 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE FRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) V 118 Continued From page 6 V 118 Review on 9/18/23 of Client #3's medication Dackages revealed: -Zolpiderm was not available. -Packages were dispensed on 9/5/23. Review on 9/18/23 of Client #3's MAR for July 1. 2023 through September 18, 2023 revealed: -Medication mentioned was marked as given daily everyday for the period covered. -Client #3's Zolpiderm was not available at the home, but staff continued to mark medication as given on his MAR. -Due to the failure to accurately document medication administration and not having Client #3's Zolpiderm available, it could not be determined if he received his medications as ordered by the physician. Interview on 9/18/23 with the Owner revealed; -Regarding the blood sugar checks- She acknowledged that Client #2's blood sugars were not being checked twice per doctor's orders. -Reported that they would consult with Client #2's doctor to either discontinue order or to have his blood sugars checked only once per day as his sugar levels had been under control for quite some time. -Regarding Client#3's Zolpidem- She thought it was in the pack because all medications came prepackage. -She was responsible for making sure client's medications were correct when they were delivered by the pharmacist. -She had gotten used to the pharmacy sending them correctly, so she stopped checking. -Latest medication package for Client #3 came in -The missing medicine was to help him sleep, but he had been sleeping well this month.

Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA EDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
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V 118	Continued From pa	ge 5	V 118		<del>Matterial and a second and a s</del>	
·	-There were no phy following: -Metamucii- Tal	topically to feet at bedtime sician's orders for the se 1 packet three times daily. Sycol 3350- Mix 17 gm in	Andrews and the second			
	Observation on 9/18/23 at about 1:45 pm of Client #2's medications revealed: -Eucerin was not availableMetamucil was not availablePolyethylene Glycol 3350 was available.					
	2023 through Septe -All the medications	of Client #2's MAR for July 1, mber 18, 2023 revealed: mentioned were marked as for the period covered.				
	available at the hom they were being adn -Client #2's Polyethy available at the hom physician's order. -Due to the failure to medication administ medication available	and Metamucil were not e, but the MAR indicated that ninistered. Hene Glycol 3350 was e, but did not have a accurately document ration and not having t, it could not be determined if a medications as ordered by				
	<ul> <li>Admission date of 6</li> <li>Diagnoses of Bipola Retardation; Paranoi Constipation; Insome</li> <li>Physician's orders of</li> </ul>	r Affective Disorder; Mental d Schizophrenia; nia; Prediabetas.				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XG) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING: COMPLETED B. WING MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET DEE & G ENRICHMENT CENTER #3 BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 4 V 118 Observation on 9/18/23 at 1:30 pm of Client #1's medications revealed: -Glucometer was available. Review on 9/18/23 of Client #1's MAR for July 1, 2023 through September 18, 2023 revealed: -Blood sugars were marked as checked twice daily everyday for the period covered. Review on 9/18/23 of Client #1's Glucometers (2) recordings for July 11, 2023 through September 18, 2023 revealed blood sugars were not checked as ordered on the following dates: -7/11 (once); 7/15-7/16 (none); 7/24 (once); 7/26 (once); 7/27 (once) 7/29-7/31 (once). -August: -8/1-8/2 (once); 8/4 (none); 8/5 (once); 8/6 (none); 8/7-8/8 (once); 8/10/-8/12 (once); 8/15 (once); 8/20 (once); 8/22-8/25 (once); 8/26-8/28 (none): 8/31 (once). September: -9/1- (once); 9/3-9/4 (once); 9/6-9/8 (once); 9/10-9/13 (once); 9/15-9/16 (once). -Facility did not follow physician's order of checking Client #1's blood sugars twice a day. -Client #1's MAR wrongfully indicated that his sugars had been checked twice daily everyday. -Due to the failure to accurately document medication administration and not having all daily data available it could not be determined if Client #1 blood sugars had been checked twice a day. Review on 9/18/23 of Client #2's record revealed: -Admission date of 6/4/11. Diagnoses of Psychosis; Diabetes Type II. Hypertension, Epilepsy, Seizure Disorder. Insomnia, Renal Insufficiency.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: COMPLETED MHL001-132 B. WING 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DEE & G ENRICHMENT CENTER #3 321 AUSTIN STREET BURLINGTON, NC 27217 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FIALL (25) COMPLETE PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 3 V 118 (4) A Medication Administration Record (MAR) of 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: (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 drua. (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 review, observation and interview the facility failed to A) Ensure medications were administered on the written order of a physician for three of three audited clients (#1, #2 and #3), and B) Ensure MARs were kept current for three of three audited clients (#1, #2 and #3) The findings are: Review on 9/18/23 of Client #1's record revealed: -Admission date of 10/3/22\_ -Diagnoses of Schizoaffective Disorder. Congenital Deafness; Diabetes Mellitus; Hypothyroidism Encephalitis; Gastroesophageal reflux disease (GERD); Hyperlipidemia: Hypertension. -Physician's order dated 10/19/22: -Test Blood Sugars two times daily.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL001-132 09/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET DEE & G ENRICHMENT CENTER # 3 **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 113 | Continued From page 2 V 113 Hypertension, Epilepsy, Seizure Disorder, Insomnia, Renal Insufficiency. -There was no documentation of progress toward outcomes. Review on 9/18/23 of Client #3's record revealed: -Admission date of 6/14/11. -Diagnoses of Bipolar Affective Disorder; Mental Retardation; Paranoid Schizophrenia: Constipation; Insomnia: Prediabetes. -There was no documentation of progress toward outcomes Interview on 9/14/23 with the Owner revealed: -Facility had not been completing progress notes for a while. -Reported that since COVID hit, facility had stopped doing some of the things they used to -She confirmed there was no documentation of client's progress toward outcomes. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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 privileged to prepare and administer medications.

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/ 113 27G .0206 Client Re	ecords	V 113			
(a) A client record stindividual admitted to contain, but need no (1) an identification f (A) name (last, first, (B) client record num (C) date of birth; (D) race, gender and (E) admission date; (F) discharge date; (2) documentation of developmental disabilitization of assessment; (4) treatment/habilitation (5) emergency inform	ace sheet which includes: middle, malden); hber; marital status; mental illness, ilities or substance abuse ording to DSM IV; the screening and ion or service plan; eation for each client which				
number of the person sudden illness or acci and telephone numbe physician;	e, address and telephone to be contacted in case of ident and the name, address or of the client's preferred it from the client or legally	up dan yanangi cananga yananga			

Administrator

### 27G.0209 (F) Medication Requirements

# Systematic Change to Prevent out of Compliance Issues.

The director will have bi-annually drug reviews as per rule that is set forth, this will ensure that all orders that were written by the prescriber is in the facility, the MAR matches the orders, any orders that need to be D/C will have an order and removed or documented on the MAR; any new orders will be documented on the MAR. All staff that has been trained on how to administer medications, will always document on the MAR for all prescribed medications, the director will review the MAR for proficient documentation and to make sure that all orders and medications are in the facility. If any staff is having issues documenting on the MAR, they will be retrained by the director and or by the local pharmacist.

Timetable for Implementation of Corrective Action: The director will schedule an appointment with the local pharmacy, this will be done by October 5th, 2023, to do the drug review or sooner. The director will check the orders, contact the doctor and pharmacist immediately (September 18, 2023).

#### DEE & G Enrichment Center #3 Plan of Correction

Ucense Number: MHL-001-132

The Annual Survey was completed on September 18, 2023.

### 27G.0206 Client Records (10A NCAC 27G.0206 Client Records

Systematic Change to Prevent out of Compliance Issues.

The Director and QP will review each client's records on a monthly basis, this will ensure that the following information is documented in all records: progress towards outcome, (i.e. progress notes) for each client. The notes will be completed during QP's visit, this will help determine if the member is able to meet their measurable goals or they would need to have goals added/deleted to their personcentered plan. By doing a quality assurance review of all books, this will prevent out of compliance issues for the facility.

Timetable for implementation of Corrective Action: Progress notes for all clients was implemented on September 19, 2023. Each note will give a brief description of any progress in which the member is progressing while services are being provided.

## 27G.0209 (Medication) 10A NCAC 27G.0209 Medication Requirements

Systematic Change to Prevent out of Compliance Issues.

The Director will schedule and Medication review with their local pharmacist, to make sure that they have the following:

- a. Written orders for all medications
- b. Have orders for all Blood Sugar checks.
- c. Documented information for the ordered Blood Sugar Checks
- d. Use the glucometer as directed (per doctor's orders) and that all staff are writing down the results as ordered.
- e. Retrain all staff on Medication Requirements and how to read the orders and documents.
- f. Make sure that all medications that have a written order is in stock, if there is an issue with getting a certain medication, staff and or director should contact the prescriber immediately, and inform them of the issues so that an alternative medication can be prescribed, and that the MAR reflects the new order, and D/C any old orders.

Timetable for implementation of Corrective Action: The director will schedule an appointment with the local pharmacy, to make sure that they have all orders and medications in stock. The director will also have all staff retrained in medication management. The director will schedule a training by October 6, 2023, of first available.

Dee & G Enrichment Center #:

321 Austin Street, Burlington NC 27217

North Carolina Department of Health and Human Services

RE: Annual Survey Completed on September 18, 2023

Greetings:

Thank you for allowing Dee & G Enrichment Center the opportunity to submit a plan of correction for the areas cited within our facility on September 18, 2023.

Thank you.

Name

Date

PRINTED: 09/19/2023 FORM APPROVED

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		administration errors and adverse drug reactions			Property and the second			ı	
	(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed							I	
	only in accordance with the communicable						ļ		
		disease laws as sper	cified in G.S. 130A-143.				1	ĺ	
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	],	-Diagnoses of Schizo	#3/ZZ.		Name of the state		1		
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		reflux disease (GERD Hypertension,	y); riyperlipidemia;			ļ	1		
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