	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		MHL055-014	B. WING		R 02/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
I ITUIA INI	N GROUP HOME	408 LITH	IA INN ROAD		
LITHIA INI	N GROUP HOME	LINCOLN	ITON, NC 28092		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	completed on Februa was unsubstantiated Deficiencies were cite				
	category: 10A NCAC	I for the following services 27G .5600C Supervised Developmental Disability.			
	-	I for 6 and currently has a wey sample consisted of ents.			
V 114	27G .0207 Emergence	y Plans and Supplies	V 114		
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shi under conditions that	an shall be developed and the appropriate local made available to all staff dures and routes shall be drills in a 24-hour facility			
		nd record review, the facility and disaster drills at least			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL055-014	B. WING		R 02/20/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
LITHIA INI	N GROUP HOME		A INN ROAD		
			TON, NC 28092		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
V 114	Continued From page	e 1	V 114		
	Review on 2/19/24 of disaster drills reveale -No 3rd shift fire and (April-June) 2023; -No 2nd shift fire drills (July-September) 202 -No 3rd shift disaster -No 1st shift disaster (October-December) Interview on 2/19/24 of the Went outside onto the wand drilly went into the hallway Interview on 2/19/24 of the Went outside onto the wand drilly went outside onto the went outside onto the went to the van durilly went into the hallway.	the facility's fire and d: d: disaster drills for 2nd quarter s for 3rd quarter 23; drills for 3rd quarter 2023; drills for 4th quarter 2023. with Client #1 revealed: le driveway during fire drills; le grower outage drills; ly for tornado drills. with Client #2 revealed: le driveway during fire drills; le driveway drills; le drivewa			
	Attempted interview on 2/19/24 with Client #3 was unsuccessful. Client #3 was not feeling well and declined to be interviewed.				
	Manager revealed: -The facility was staff was 7am-7pm, 2nd si shift was 7pm-7am; -The staff had not bed disaster drills accordi resulted in the missed -Would ensure fire an completed at least qu future.				
	and must be correcte				

Division of Health Service Regulation

STATE FORM 6899 MI9K11 If continuation sheet 2 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DESIGNATION AND BULL DESCRIPTION AND BULL DE	Division	of Health Service Regu	lation			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, JPP CODE 408 LITHIA INN ROAD LINCOLNTON, NC 28992 LINCOLNTON, NC 28992 V118 27G. 0.209 (C) Medication Requirements 10 A NCAC 27G. 0.209 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 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 unilcensed persons trained by a registered murse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administeration Record (MAR) of all drugs administered to each client must be kept current. Medications administered and the topics of a person administeration. 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; (G) 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.	AND PLAN (OF CORRECTION				COMPLETED
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privileged to prepare and administer medications. (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.		pharmacist or other le	egally qualified person and			
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(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.		(A) client's name;				
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(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.			· · · · · · · · · · · · · · · · · · ·			
(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.		` '	•			
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checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.						
file followed up by appointment or consultation with a physician.		` '				
with a physician.		checks shall be recor	ded and kept with the MAR			
		file followed up by ap	pointment or consultation			
		with a physician.				
This Rule is not met as evidenced by:		This Rule is not met	as evidenced by:			

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STATE FORM 6899 MI9K11 If continuation sheet 3 of 10

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74101 2741	or dorace mon	IDEITH IOMION HOMBER.	A. BUILDING: _		
		MHL055-014	B. WING		R 02/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
LITHIA INI	N GROUP HOME		A INN ROAD TON, NC 28092	,	
()(1) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
V 118	Continued From page	3	V 118		
	Based on record revie failed to ensure medie on the written order o	ew and interview, the facility cations were administered f a physician affecting 3 of 3 2, and #3). The findings are:			
	record revealed: -Admission date 3/11, -Diagnoses of Cerebr Diplopia, Gastroesopi Cortical Visual Loss, Mixed Disturbances/E Intellectual Developm Allergic Rhinitis, Acne -Physician's orders da (antipsychotic) 1mg (I and Clonidine (blood Review on 2/19/24 ar Medication Administra	al Palsy (CP) Spastic hageal Reflux Disease, Adjustment Disorder with Emotions/Conduct, Mild ental Disability (IDD), e; ated 8/25/23 for Risperidone milligram) 1 tab (tablet) daily pressure) 0.1mg 1 tab daily. and 2/20/24 of Client #1's ation Records (MARs) for agh February 19, 2024 rked as "medication			
	-Clonidine was marke unavailable" on 12/1/2 8:46pm, 12/3/23 at 8: 12/5/23 at 7:44pm, 12 8:17pm, 12/8/23 at 7:	•			
	record revealed: -Admission date 8/2/1 -Diagnoses of Mild ID Hypertension, Hyperli -Physician's order dat Metronidazole Ointme topically twice daily;	D, Diabetes Type 2, pidemia, Allergic Rhinitis;			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		MHL055-014	B. WING		R 02/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
LITHIA INI	N GROUP HOME		INN ROAD		
		LINCOLNT	ON, NC 28092		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 118	Continued From page	e 4	V 118		
	(heartburn) 20mg 1 c	ap (caplet) daily.			
		nd 2/20/24 of Client #2's 2023 through February 19,			
	"medication unavailal 12/19/23 at 8:04am a	nent 0.75% was marked as ole" on 12/18/23 at 7:35pm, nd 7:22pm, and 12/20/23 at			
		as marked as "medication 4 at 8:04am and 1/2/24 at			
	record revealed: -Admission date of 7/ -Diagnoses of Severe	nd 2/20/24 of Client #3's 24/15; EIDD, CP Spastic Quadri Enstipation, Hyperlipidemia,			
	Insomnia, Depressior -Physician's orders da (supplement) 1 tab da (asthma) 0.5/2ml (mil	n; ated 4/21/23 for Nepho-Vite			
	•	ted 7/3/23 for Vitamin D3 I (international unit) 1 tab			
		nd 2/20/24 of Client #3's 2023 through February 19,			
	unavailable" for 1/31/ -Vitamin D3 was marl for 1/31/24 at 7:45pm	24 at 7:45pm; ked "medication unavailable" ;			
	-Budesonide was ma unavailable" for 2/7/2				
	Interview on 2/19/24 could not identify if he medication.	with Client #1 revealed: ne ever missed any			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL055-014	B. WING		02	R 2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
LITHIA IN	N GROUP HOME		HIA INN ROAD NTON, NC 28092			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From page	e 5	V 118			
	Interview on 2/19/24 -Could not identify if a medication.	with Client #2 revealed: she ever missed any				
		on 2/19/24 with Client #3 was #3 was not feeling well and ewed.				
	revealed: -Will ensure clients' n	with the House Manager nedications are available for future through use of the ack-up" pharmacies.				
V 123	27G .0209 (H) Medic	ation Requirements	V 123			
	and significant adver- reported immediately pharmacist. An entry and the drug reaction	. Drug administration errors se drug reactions shall be				
	failed to ensure medi were reported immed	ew and interview, the facility cation administration errors liately to a physician or 3 of 3 audited clients (#1,				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		MHL055-014	B. WING		02/20/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
LITHIA INI	N GROUP HOME		IA INN ROAD		
	OLUMBA DV OT		ITON, NC 28092		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 123	Continued From page	e 6	V 123		
	record revealed: -Admission date 3/11, -Diagnoses of Cerebr Diplopia, Gastroesopi Cortical Visual Loss, Mixed Disturbances/E Intellectual Developm Allergic Rhinitis, Acne -Physician's orders da (antipsychotic) 1mg (rand Clonidine (blood) Review on 2/19/24 ar Medication Administration December 2023 throurevealed: -Medications were noted as follows: -Risperidone - 1 -Clonidine - 11 doses Review on 2/19/24 ar record revealed: -Admission date 8/2/1 -Diagnoses of Mild ID Hypertension, Hyperli -Physician's order dat Metronidazole Ointmet topically twice daily; -Physician's order dat (heartburn) 20mg 1 cat Review on 2/19/24 ar MARs for December 2024 revealed:	ral Palsy (CP) Spastic hageal Reflux Disease, Adjustment Disorder with Emotions/Conduct, Mild hental Disability (IDD), e; ated 8/25/23 for Risperidone milligram) 1 tab (tablet) daily pressure) 0.1mg 1 tab daily. Ind 2/20/24 of Client #1's ation Records (MARs) for high February 19, 2024 It available for administration dose in December 2023; in December 2023. Ind 2/20/24 of Client #2's pp. Diabetes Type 2, ipidemia, Allergic Rhinitis; ted 3/16/23 for ent (dermatitis) 0.75% apply ted 1/22/24 for Omeprazole			

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-Metronidazole Ointment - 4 doses in

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL055-014	B. WING		02/20/2024
		WITE033-014			02/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
	N ODOUB HOME	408 LITH	IA INN ROAD		
LII HIA INI	N GROUP HOME	LINCOL	NTON, NC 28092	!	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				22.10.2.10.7	
V 123	Continued From page	e 7	V 123		
	Danamhan 2022.				
	December 2023;	as in January 2024			
	-Omeprazole - 2 dose	es in January 2024.			
	Boylow on 2/10/24 or	nd 2/20/24 of Client #3's			
	record revealed:	id 2/20/24 of Client #35			
	-Admission date of 7/	24/15:			
		e IDD, CP Spastic Quadri			
	_	nstipation, Hyperlipidemia,			
	Insomnia, Depression				
	' '	ated 4/21/23 for Nepho-Vite			
	(supplement) 1 tab da				
	` · · · /	liliters) 1 vial via nebulizer			
	daily;	,			
		ted 7/3/23 for Vitamin D3			
	1	l (international unit) 1 tab			
	daily.	,			
	Review on 2/19/24 ar	nd 2/20/24 of Client #3's			
	MARs for December :	2023 through February 19,			
	2024 revealed:				
	-Medications were no	t available for administration			
	as follows:				
		lose in January 2024;			
	-Vitamin D3 - 1 dose				
	-Budesonide - 1 dose	in February 2024.			
	D : 0/40/04	10/00/04 611 6 331			
		nd 2/20/24 of the facility's			
		rts for period December 1,			
	2023 through Februar				
		f contact to a physician or discriptions were not available			
	for administration.	dications were not available			
	ioi administration.				
	Interview on 2/19/24 v	with Client #1 revealed:			
	-Could not identify if h				
	medication.				
	Interview on 2/19/24	with Client #2 revealed:			
	-Could not identify if s	she ever missed any			

medication.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		R
		MHL055-014	B. WING		02/20/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
LITHIA INN	N GROUP HOME		NINN ROAD ON, NC 28092		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 123	Continued From page	÷ 8	V 123		
	unsuccessful. Client declined to be interview Interview on 2/20/24 virevealed: -The protocol for a mit the pharmacist and to report; -Staff did not contact to discuss "unavailab-Will ensure staff are physician for any med	with the House Manager issed medication is to call o complete an incident the pharmacist or physician le medications;" contacting a pharmacist or dication errors or missed document directives from			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736		
		EMENTS			
		n and interview, the facility n a clean, attractive, and			
	approximately 12-16	vealed:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED
		D MINO			R
	MHL055-014	B. WING		02	/20/2024
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
LITHIA INN GROUP HOME		TON, NC 28092			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
there since December made to the shower. Interview on 2/19/24 value - Had limited knowledge bathroom leak which is the section of sheetro - The hole in the hallow that "for about a year" bathroom. Interview on 2/20/24 value revealed: - The section of the walue approximately two mole was leaking; - This was the second be cut and removed days - The leak had been retently the sheetrock was not seen and the sheetrock was not seen an	with Staff #2 revealed: by the bathroom had been record 2023 because of repairs with Staff #3 revealed: ge about the repair to the resulted in the removal of ck in the hallway; ay sheetrock had been like reduce to the leak from the leak from the swith the House Manager all had been cut out on the shower time the sheetrock had to lue to a leak; epaired a second time, but the repaired; epervisor to ensure the	V 736			

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