Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING MHL059-081 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **166 MACEY DRIVE LONON HOME** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 11/29/23. A RECEIVED deficiency was cited. DEC 29 2023 This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability DHSR-MH Licensure Sect Groups/Alternative Family Living. This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of an audit of 1 current client. V123 V 123 27G .0209 (H) Medication Requirements V 123 Although Staff #1 documented the refusal of medications, she did not contact the doctor or 1/15/2024 10A NCAC 27G .0209 MEDICATION pharmacist for adverse effects. CCHC has printed the medication administration policy REQUIREMENTS for Staff #1 and for the QP to review. (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be CCHC has also sent out communications to all staff informing them that this is a requirment. reported immediately to a physician or Communications are sent out via our pharmacist. An entry of the drug administered data system and staff has to acknowlede that and the drug reaction shall be properly recorded the communication was read. in the drug record. A client's refusal of a drug shall be charted. CCHC has also updated our incident report forms. This update now has a required box for contacting the doctor or pharmacist when a medication is missed, refused, our given incorrectly. Medication records will be monitored on a monthly basis by our in house nurse and office assistant for any errors. Subsequent write ups and retraining will occur. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 1 current client (#1). The findings are: Record review on 11/29/23 for Client #1 revealed:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

-Date of admission- 5/16/23

TITLE

(X6) DATE

Aimes Smith, CO

CEO

12/13/2023

PRINTED: 12/11/2023

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 MHL059-081 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **166 MACEY DRIVE LONON HOME** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 123 | Continued From page 1 V 123 -Diagnoses- Mild Intellectual Developmental Disability, Seizure Disorder, Left Hemiparesis, Left Hemiplegia, Anxiety Disorder, Depression, Optic Atrophy, legally blind, Hydrocephalus with shunt. -Physician ordered medications on 6/15/23 included: -Fluoxetine 40mg (milligrams) (depression) -2 caps (capsules) daily -Tamsulosin 0.4mg (urinary retention)- one daily -Vitamin D3 400iu (international units) (supplement)- one daily -Levothyroxine 25mcg (micrograms) (thyroid) -one daily -Lisinopril 10mg (blood pressure)- once in the mornina -Lacosamide 200mg (seizures)- twice a day -Chest rub topical ointment (fungus)- apply to toenails every night Additional physician ordered medications included: -Olanzapine 10mg (antipsychotic) -one at bedtime ordered 7/3/23 -Phenytoin Sodium 100mg (seizures)- twice daily ordered 5/22/23. -Lactulose 10gram/15ml (milliliters) (constipation) - take 30ml every morning, 15ml every afternoon ordered 12/12/22. Review on 11/29/23 of September-November MARs revealed:

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-Fluoxetine

-The following medications were documented as refused on 9/19/23, 9/22/23, 9/26/23, 10/12/23,

10/13/23, 10/17/23, 10/18/23, 10/20/23,

10/23-10/25/23, 11/26/23.

-Tamsulosin -Vitamin D3 -Levothyroxine

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL059-081	B. WING		11/5	11/29/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						.572020	
LONON HOME 166 MACEY DRIVE NEBO, NC 28761							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
	-Lisinopril -Chest rub topical orefused on 9/26/23, -Olanzapine was do 9/26/23, 10/17/23, 1-Lacosamide and P documented as refu 9/26/23, 10/12/23, 10/20/23, 10/23-10/10/17/23 pm dosesLactulose was doc 9/19/23, 9/22/23, 9/10/17/23, 10/18/23, 10/23-10/25/23,11/2 10/12/23, 10/13/23, -Lactulose was also 10/9-10/11/23, 10/13/23, am doses. Record review on 11/29/24/23, 10/20/23, 10/23/23, am doses. Record review on 11/29/23, 10/20/23, 10/20/23, 10/23/23, 11/29/23. Interview on 11/29/2 attempted but he refulction in yorefuses she has to the Client #1 can some get embarrassed verabout something the he would be unable to "Client #1 gets in his rhyme or reason for brain is gone due to	pintment was documented as 11/26/23, 11/27/23. Socumented as refused on 10/26/23. Henytoin Sodium were used on 9/19/23, 9/22/23, 10/13/23, 10/17/23, 10/18/23, 25/23 am doses and 9/26/23, 10/20/23, 10/20/23, 10/20/23, 10/20/23, 10/20/23, 10/20/23, 10/20/23, 10/20/23, 10/27/23, 10/20/23, 10/27/23, 10/20/23, 10/27/23, 10/20/23,	V 123				

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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 MHL059-081 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **166 MACEY DRIVE LONON HOME** NEBO, NC 28761 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) 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 123 | Continued From page 3 V 123 looks like dementia but may not be." -"I just try to be extra caring and gentle but he can be very stubborn." -Client #1 used to live independently worked at for assisted living in kitchen15 years and at a local grocery store for 10 years. -"He thinks he should be living a different life. He doesn't have the strength to stand or walk any more or do the same things he used to be able to do." -She was not aware she needed to contact a physician or pharmacist every time Client #1 refused his medications. Interview on 11/29/23 with the Qualified Professional revealed: -Client #1 had his days where he liked to be defiant. "He gets mad because he can't walk. makes rude comments and increases defiant behaviors." -Was not aware of the requirement to contact physician or pharmacist with refused medications.

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