Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL055-014 02/20/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 408 LITHIA INN ROAD LITHIA INN GROUP HOME LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint, and follow-up survey was completed on February 20, 2024. The complaint was unsubstantiated (Intake #NC00212142). Deficiencies were cited. The facility is licensed for the following services category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. RECEIVED MAR 0 7 2024 This Rule is not met as evidenced by: DHSR-MH Licensure Sect Based on interview and record review, the facility failed to complete fire and disaster drills at least quarterly for each shift. The findings are: Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Leslie Flowers, Snr. QM Director

3/1/24

(X6) DATE

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MHL055-014 B. WING		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 408 LITHIA INN ROAD LINCOLNTON, NC 28092 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 114 Continued From page 1 Review on 2/19/24 of the facility's fire and disaster drills revealed: -No 3rd shift fire and disaster drills for 2nd quarter (April-June) 2023; -No 2nd shift fire drills for 3rd quarter (April-June) 2023; -No 2nd shift fire drills for 3rd quarter	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	6:		
LITHIA INN GROUP HOME 408 LITHIA INN ROAD LINCOLNTON, NC 28092 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 114 Continued From page 1 Review on 2/19/24 of the facility's fire and disaster drills revealed: -No 3rd shift fire and disaster drills for 2nd quarter (April-June) 2023; -No 2nd shift fire drills for 3rd quarter			MHL055-014	B. WING		1	
Continued From page 1 Continued From page 2 Cont	NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	FATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY) V 114 Continued From page 1 V 114 V 114 - Staff have a sign in Sheet for drills. Program Sheet for drills. Program Manager will assig staff for each drill/shift and notify the staff at the great at the great at the Staff at the great at the great at th	LITHIAI	NN GROUP HOME	408 LITHIA	A INN ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 114 Continued From page 1 Review on 2/19/24 of the facility's fire and disaster drills revealed: -No 3rd shift fire and disaster drills for 2nd quarter (April-June) 2023; -No 2nd shift fire drills for 3rd quarter				TON, NC 2809	92		
Review on 2/19/24 of the facility's fire and disaster drills revealed: -No 3rd shift fire and disaster drills for 2nd quarter (April-June) 2023; -No 2nd shift fire drills for 3rd quarter	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD IN CROSS-REFERENCED TO THE APPROPRI	BE	COMPLETE
-No 3rd shift disaster drills for 3rd quarter 2023; -No 1st shift disaster drills for 4th quarter (October-December) 2023. Interview on 2/19/24 with Client #1 revealed:Went outside onto the driveway during fire drills;Went to the van during power outage drills;Went into the hallway for tornado drillsWent to the van during power outage drills;Went into the hallway for tornado drills;Went into the bedrooms for drills including strangers entering the facility. Attempted interview on 2/19/24 with Client #3 was unsuccessful. Client #3 was not feeling well and declined to be interviewed. Interviews on 2/19/24 and 2/20/24 with the House Manager revealed:The facility was staffed with 3 shifts: 1st shift was 7am-7pm, 2nd shift was 2pm-10pm, and 3rd shift was 7pm-7am;The staff had not been completing fire and disaster drills according to the schedule which resulted in the missed drills;Would ensure fire and disaster drills were completed at least quarterly for each shift in the future. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		Review on 2/19/24 of disaster drills revealed -No 3rd shift fire and d (April-June) 2023; -No 2nd shift fire drills (July-September) 202: -No 3rd shift disaster d (October-December) 2 Interview on 2/19/24 w -Went outside onto the -Went to the van during -Went into the hallway Interview on 2/19/24 w -Went outside onto the -Went to the van during -Went into the hallway Interview on 2/19/24 w -Went outside onto the -Went to the van during -Went into the hallway -Went into the bedroom strangers entering the declined to be interview on unsuccessful. Client #3 declined to be interview Interviews on 2/19/24 a Manager revealed: -The facility was staffed was 7am-7pm, 2nd shift shift was 7pm-7am; -The staff had not been disaster drills according resulted in the missed or -Would ensure fire and completed at least quarfuture. This deficiency constitut	the facility's fire and discussater drills for 2nd quarter for 3rd quarter 3; trills for 3rd quarter 2023; trills for 4th quarter 2023. The control of the		V114 – Staff have a sign sheet for drills. Program Manager will assig staff for each drill/shift and notify the staff at the next staff meetings are the 2 nd . Tuesday of the month and will be communicated to a staff and included in the against the sign in sheet. HR provide guidance regarding disciplinary action if not	or the ing. this ll genda will	3/15/24

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 MHL055-014 02/20/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 408 LITHIA INN ROAD LITHIA INN GROUP HOME LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 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. (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 (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:

STATEME	NT OF DEFICIENCIES	Y				
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		LINCOLI	NTON, NC 280	92		
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				DEFICIENCY)		
V 118	Continued From page	3	V 118	V118 -		
	1		V 110	Communicating issues with Blue	Ridge	3/15/24
	Based on record revie	w and interview, the facility		(ESUCPs Pharmacy) regarding n	nede	
	failed to ensure medic	ations were administered		being out of stock. RN will follow	icus	
	on the written order of	a physician affecting 3 of 3	1	being out of stock. KIN WIII 10110	w-up	
	audited clients (#1, #2	, and #3). The findings are:		with Blue Ridge regarding quick	ly	
				informing manager if out of stock	ζ.	
		d 2/20/24 of Client #1's				
	record revealed:			Program Manager will communic	ente to	
	-Admission date 3/11/			staff/DN to contact in a list 1	c i	
	-Diagnoses of Cerebra	al Palsy (CP) Spastic		staff/RN to contact immediately i	f meds	
	Diplopia, Gastroesoph	ageal Reflux Disease,		arrive after hours/weekends in ord		
	Cortical Visual Loss, A	djustment Disorder with		the manager to approve the meds.	This	000
	Mixed Disturbances/En			will allow staff to document on the	ie	
	Intellectual Developme			MAR.		
	Allergic Rhinitis, Acne;			TVII CIC.		
	-Physician's orders da	ted 8/25/23 for Risperidone				
	(antipsychotic) 1mg (m	nilligram) 1 tab (tablet) daily	If meds are not in the home, staff are to			
	and Clonidine (blood pressure) 0.1mg 1 tab daily.			contact the RN/Manager. Staff wi	11	
				submit the ReOrder request through		
	Review on 2/19/24 and	1 2/20/24 of Client #1's		BlueRidge EMAR in addition to d		1
	Medication Administrat	ion Records (MARs) for		Blueringe Liviar in addition to C	alling	
	December 2023 throug	h February 19, 2024		to confirm with Blue Ridge they h	ave	1
	revealed:			received the order and the order w		
	-Risperidone was mark	ed as "medication		processed the same day. This will	be	
	unavailable" on 12/1/23			documented in the Coordination o	f Care	1
	-Clonidine was marked			Log	Care	
	unavailable" on 12/1/23	3 at 8:52pm, 12/2/23 at		205		
	8:46pm, 12/3/23 at 8:07	7pm, 12/4/23 at 7:31pm,				1
	12/5/23 at 7:44pm, 12/6	5/23 at 8:15pm, 12/7/23 at				
	8:1/pm, 12/8/23 at 7:13	3pm, 12/9/23 at 8:30pm,				MAY 200
	12/11/23 at 7:54pm, and	d 12/12/23 at 7:50pm.				
	Deview 0/40/04	0/00/04 / 0/				
	Review on 2/19/24 and	2/20/24 of Client #2's		8		
	record revealed:					
	-Admission date 8/2/17;					No.
	-Diagnoses of Mild IDD	Diabetes Type 2,				BOANGE
	Hypertension, Hyperlipi	demia, Allergic Rhinitis;				
	-Physician's order dated					STATE OF THE PERSON NAMED IN COLUMN NAMED IN C
	Wetronidazole Ointment	t (dermatitis) 0.75% apply				
	topically twice daily;					
	-Pnysician's order dated	1/22/24 for Omeprazole				1

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:		PLETED
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NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
LITHIAIN	N GROUP HOME		A INN ROAD			
			TON, NC 280	92		
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V 118	Continued From page	4	V 118			
	(heartburn) 20mg 1 ca	in (canlet) doily				
	(nearbarn) zonig i ca	ip (capiet) daily.				
	MARs for December 2 2024 revealed: -Metronidazole Ointme "medication unavailabb 12/19/23 at 8:04am an 7:07am; -Omeprazole 20mg wa unavailable" on 1/1/24 7:45am. Review on 2/19/24 and record revealed: -Admission date of 7/24-Diagnoses of Severe I paralysis, Chronic Consensomnia, Depression; -Physician's orders date (supplement) 1 tab dail (asthma) 0.5/2ml (millil daily; -Physician's order date	4/15; IDD, CP Spastic Quadri stipation, Hyperlipidemia, ed 4/21/23 for Nepho-Vite				
	2024 revealed: -Nepho-Vite was marke unavailable" for 1/31/24	23 through February 19, ad as "medication 4 at 7:45pm; d "medication unavailable"				
	Interview on 2/19/24 wit -Could not identify if he medication.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
LITHIAIN	N GROUP HOME	408 LITH	HA INN ROAD				
LITTIAIN	IN GROOF HOME	LINCOL	NTON, NC 2809	3 2			
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V 118	Continued From page	5	V 118				
	-Could not identify if s medication. Attempted interview o	n 2/19/24 with Client #3 was					
	unsuccessful. Client #3 was not feeling well and declined to be interviewed.						
	Interview on 2/20/24 with the House Manager revealed: -Will ensure clients' medications are available for administration in the future through use of the primary as well as "back-up" pharmacies.						
V 123	27G .0209 (H) Medica	tion Requirements	V 123				
	and significant advers reported immediately to pharmacist. An entry of and the drug reaction s	Drug administration errors e drug reactions shall be					
	failed to ensure medicate were reported immedia	w and interview, the facility ation administration errors ately to a physician or of 3 audited clients (#1,					

Division	Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	20,4252.02.0422452	CTREET AD	DRESS, CITY, ST	ATE ZIR CODE				
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LITHIA IN	N GROUP HOME		TON, NC 2809	2				
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V 123	Continued From page	2.6	V 123	ESUCP RN provide a Teaching	tool	3/15/24		
V 120	Continued From page			(Med Error Flyer) to be posted o	n the			
	D : 0/10/01	10/00/04 - 5 (5) 5 #41-		staff bulletin board. This will als	o be			
		nd 2/20/24 of Client #1's		discussed at the next staff meeting		3/15/24		
	record revealed: -Admission date 3/11/	/13:			-0.			
		al Palsy (CP) Spastic		QM will pull med error reports f	rom the			
		hageal Reflux Disease,		home to ensure Pharmacist is no				
		Adjustment Disorder with		being contacted the first month of				
		Emotions/Conduct, Mild			nevery			
		nental Disability (IDD),		quarter.				
	Allergic Rhinitis, Acne;							
	-Physician's orders dated 8/25/23 for Risperidone (antipsychotic) 1mg (milligram) 1 tab (tablet) daily							
	and Clonidine (blood pressure) 0.1mg 1 tab daily.							
		nd 2/20/24 of Client #1's						
		ation Records (MARs) for ugh February 19, 2024						
		t available for administration						
	-Risperidone - 1	dose in December 2023;						
	-Clonidine - 11 doses	in December 2023.						
		nd 2/20/24 of Client #2's						
	record revealed: -Admission date 8/2/1	7.						
	-Diagnoses of Mild ID							
		ipidemia, Allergic Rhinitis;						
	-Physician's order da	ted 3/16/23 for						
	Metronidazole Ointme	ent (dermatitis) 0.75% apply						
	topically twice daily;							
	-Physician's order dat (heartburn) 20mg 1 c	ted 1/22/24 for Omeprazole ap (caplet) daily.						
	Oliver Annual Control of the Control	nd 2/20/24 of Client #2's						
	and the second s	2023 through February 19,						
	2024 revealed:							
	-Medications were not available for administration as follows:							

-Metronidazole Ointment - 4 doses in

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 02/20/2024 B WING MHL055-014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **408 LITHIA INN ROAD** LITHIA INN GROUP HOME LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 123 Continued From page 7 V 123 December 2023; -Omeprazole - 2 doses in January 2024. Review on 2/19/24 and 2/20/24 of Client #3's record revealed: -Admission date of 7/24/15; -Diagnoses of Severe IDD, CP Spastic Quadri paralysis, Chronic Constipation, Hyperlipidemia, Insomnia, Depression; -Physician's orders dated 4/21/23 for Nepho-Vite (supplement) 1 tab daily and Budesonide (asthma) 0.5/2ml (milliliters) 1 vial via nebulizer -Physician's order dated 7/3/23 for Vitamin D3 (supplement) 1000 IU (international unit) 1 tab daily. Review on 2/19/24 and 2/20/24 of Client #3's MARs for December 2023 through February 19, 2024 revealed: -Medications were not available for administration as follows: -Nepho-Vite - 1 dose in January 2024; -Vitamin D3 - 1 dose in January 2024; -Budesonide - 1 dose in February 2024. Review on 2/19/24 and 2/20/24 of the facility's internal incident reports for period December 1, 2023 through February 19, 2024 revealed: -No documentation of contact to a physician or pharmacist when medications were not available for administration. Interview on 2/19/24 with Client #1 revealed: -Could not identify if he ever missed any

medication.

medication.

Interview on 2/19/24 with Client #2 revealed: -Could not identify if she ever missed any

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 02/20/2024 B. WING MHL055-014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 408 LITHIA INN ROAD LITHIA INN GROUP HOME LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 123 Continued From page 8 Attempted interview on 2/19/24 with Client #3 was unsuccessful. Client #3 was not feeling well and declined to be interviewed. Interview on 2/20/24 with the House Manager revealed: -The protocol for a missed medication is to call the pharmacist and to complete an incident report; -Staff did not contact the pharmacist or physician to discuss "unavailable medications;" -Will ensure staff are contacting a pharmacist or physician for any medication errors or missed medications and will document directives from the pharmacist or physician in the future. V 736 V 736 27G .0303(c) Facility and Grounds Maintenance V736 Repairs will be made to the hole 3/11/24 no later than 3/11 by ESUCP 10A NCAC 27G .0303 LOCATION AND contractors. GH Manager will submit EXTERIOR REQUIREMENTS tickets to the facilities department within (c) Each facility and its grounds shall be ESUCP for maintenance within the maintained in a safe, clean, attractive and orderly home. GH Manager will engage manner and shall be kept free from offensive leadership if a delayed response. odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 2/19/24 at approximately 11:45am-12:15pm revealed: -A hole cut into the sheetrock in a section

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visible.

measuring approximately 18-24 inches wide and approximately 12-16 inches high. The missing sheetrock resulted in plaster and plumbing pipes

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION (X3) DAT			TE SURVEY	
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LITHIA IN	N GROUP HOME	LINCOL	NTON, NC 28092			
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	Interview on 2/19/24 -The hole in the wall there since December made to the shower. Interview on 2/19/24 -Had limited knowled bathroom leak which the section of sheetred and the shower. Interview on 2/19/24 -Had limited knowled bathroom leak which the section of sheetred and the sheet of sheetred and the sheet on the sheet of the sheet on the sheet ock was recombered and removed the sheet ock was reco	with Staff #2 revealed: by the bathroom had been er 2023 because of repairs with Staff #3 revealed: dige about the repair to the resulted in the removal of ock in the hallway; way sheetrock had been like r" due to the leak from the with the House Manager wall had been cut out nonths ago when the shower id time the sheetrock had to if due to a leak; repaired a second time, but not repaired; supervisor to ensure the	V 736	DEFICIENC	Y)	
	n wi					