

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
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NAME OF PROVIDER OR SUPPLIER FOREST HILLS FAMILY CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326
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(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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 21, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing</p>	V 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 117	<p>Continued From page 1</p> <p>practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure that medications for administration at the facility were labeled as required. The findings are:</p> <p>Review on 2/21/24 of client #1's record revealed: - 55 year old male admitted 6/21/12. - Diagnoses of Intermittent Explosive Disorder; Autism Disorder; Schizoaffective Disorder; Severe Intellectual Disability; Asthma; Acid Reflux; Diabetes. -FL2 signed and dated 5/8/23-</p> <p>Review on 2/21/24 of client #1's signed physician order dated 10/31/23 revealed: Novolog Flexpen - 100 Unit- Inject 10 Unit (s) every day- PRN... "Orders: Novolog should be kept in labeled bag in the refrigerator...It is recommended to store in the labeled bag and in the refrigerator after each use."</p> <p>Observation on 2/21/24 at approximately 12:33pm of client #1's medications revealed a Novolog flex pen prefilled insulin syringe that was refrigerated inside a yellow plastic bag without a label on the bag or the Novolog flex pen prefilled insulin syringe.</p> <p>Interview on 2/21/24 the CEO/Licensee stated: - He understood medications for administration were required to be labeled.</p>	V 117		

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V 736	Continued From page 2	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Observation on 02/21/24 at approximately 12:15pm revealed:</p> <ul style="list-style-type: none"> -The ceiling light in the laundry room had no globe. -The den had a 4 light ceiling and 3 lights had not worked. -The microwave had areas on the inside that were peeling and rusty.. -The oven had black spills. -The dining area window had a blind that had 8 slats broken in half. -Client #1's bedroom had clothing scattered on the floor; his bathroom had paint peeling from the ceiling above the shower and the toilet had not been flushed. -Client #3's bed had a comforter with a large hole, the bed brown covering on the headboard of the bed was peeling, the clothes hamper was torn, various sized brown stains were on the wall above the headboard. -Client #2' clothes hamper had broken handles and the window blind had broken slats. -The hall bath had approximately 2 feet of the baseboard missing from the floor behind the bathroom door; the toilet in the hall bath had a 	V 736		

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V 736	<p>Continued From page 3</p> <p>brown stain on the top behind the seat. The toilet tank top was broken on the side.</p> <p>-The living room at the front of the house had shoe molding with nails on the floor under the double window.</p> <p>Interview on 02/21/24 the CEO/Licensee stated the maintenance person likely left the show molding in the living room while working and he understood the facility was required to be maintained in a safe, attractive and orderly manner.</p>	V 736		