		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					₹		
		MHL054-178	B. WING		04/05/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ESSEX	ESSEX 2505 HOGES ROAD KINSTON, NC 28504						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE	
V 000	INITIAL COMMENT	-s	V 000				
		w up survey was completed deficiency was cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
		sed for 4 and currently has a urvey sample consisted of clients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person andrugs. (2) Medications shat clients only when an client's physician. (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Ininistration Record (MAR) of led to each client must be kept s administered shall be ely after administration. The					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			R	
		MHL054-178	B. WING			05/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
ESSEX			GES ROAD I, NC 28504				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLÉTE DATE	
V 118	Continued From pa	ige 1	V 118				
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation					
	interviews, the facil medications as ord	eviews, observation, and ity failed to administer ered by the physician and te MAR affecting 2 of 2 clients					
	revealed: - 44 year old male Admission date of - Diagnoses of Moo Developmental Dis						
	medications orders 03/06/24 - Furosemide (diure twice daily Haloperidol (antip	4 and 04/04/24 of client #2's revealed: etic) 40 milligrams (mg) - take sychotic) Concentrate take 5ml (10mg) at bedtime.					
	05/19/22 - Mupirocin 2% oint affected area three	tment (antibiotic) - apply to times daily.					
	Review on 04/04/24	4 of client #2's January 2024					

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL054-178	B. WING		R 04/05/2024		
NAME OF	PROVIDER OR SUPPLIER	2505 HO	DDRESS, CITY, ST GES ROAD I, NC 28504	ATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	thru March 2024 M. March 2024 - Furosemide - take and 2pm No staff initials to administered as oro 03/18/24, 03/19/24, 03/28/24 at 2pm Mupirocin Ointme affected area three - No staff initials to administered as oro 03/18/24, 03/19/24, 03/28/24 at 2pm February 2024 - Furosemide - take and 2pm No staff initials to administered as oro 02/28/24 at 2pm Mupirocin Ointme affected area three - No staff initials to administered as oro 02/28/24 at 2pm. January 2024 - Furosemide - take and 2pm No staff initials to administered as oro 02/28/24 at 2pm. January 2024 - Furosemide - take and 2pm No staff initials to administered as oro 03/28/24 at 2pm.	ARs revealed the following: e one tablet twice daily at 8am indicate the Furosemide was dered on 03/05/24, 03/13/24, 03/21/24, 03/22/24 and nt 2% - spread topically to times a day. indicate the Mupirocin was dered on 035/05/24, 03/13/24, 03/21/24, 03/22/24 and e one tablet twice daily at 8am indicate the Furosemide was dered on 02/27/24 and nt 2% - spread topically to times a day. indicate the Mupirocin was dered on 02/27/24 and e one tablet twice daily at 8am indicate the Furosemide was dered on 01/19/24 at 2pm. nt 2% - spread topically to times a day. indicate the Mupirocin was dered on 01/19/24 at 2pm. nt 2% - spread topically to times a day. indicate the Mupirocin was dered on 01/19/24 at 2pm.	V 118				
	Haloperidol Conce (10mg) at bedtime.No staff initials to	entrate 2mg/ml - take 5ml					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL054-178	B. WING		04/0	R 95/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX			ES ROAD NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 118	his medication as of Finding #2: Review on 04/04/24 revealed: - 62 year old male Admission date of Diagnoses of Mild Disorder, Sleep Aprobisorder, Hyperlipid Review on 04/04/24 orders dated 09/17/- Risperidone (antipedaily Sertraline (antidepdaily Review on 04/04/24 MAR revealed the foundary of Review on 04/04/24 MAR revealed the foundary of Review on 04/04/24 MAR revealed the foundary of Review on 04/04/24 MAR revealed the foundation of Risperidone 3mg - No staff initials to administered on 02 of Review on 04/04/24 MAR revealed the foundation of Review on 04/04/24 MAR revealed th	24 client #2 stated he received redered. 4 of client #3's record 5 01/15/97. IDD, Schizoaffective nea, Autism, Impulse Control lemia and Depression. 4 of client #3's medication 23 revealed: esychotic) 3mg - take twice pressant) 50mg - take once 5 of client #3's February 2024 collowing: etake twice daily. indicate Risperidone was 1/26/24 at 8am. take once daily. indicate Sertraline was 1/26/24.	V 118			
	stated:	24 the Medical Coordinator at education on documentation				
	Interview on 04/04/2 stated:	24 the Director of Operations				

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		MHL054-178	B. WING			R 05/2024
NAME OF	PROVIDER OR SUPPLIER	2505 HO	DDRESS, CITY, S GES ROAD I, NC 28504	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	- MARs should be of - Staff receive ongo training to ensure a Due to the failure to medication adminis determined if clients as ordered by the p	correct. correct. correct. correct. councing in medication ccuracy of MARs. caccurately document tration it could not be creceived their medications	V 118			

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