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 MHL067-100 03/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 113 COURTLAND DRIVE COURTLAND JACKSONVILLE, NC 28546 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 The nurse, QPS and house managers reviewed all medication records and An annual and follow up survey was completed corrected errors with the date that they on March 1, 2024. Deficiencies were cited. were corrected. This facility is licensed for the following service Nurse, QPs and house managers will category: 10A NCAC 27G .5600F Supervised continue to check over medication Living: Alternative Family Living in a Private records monthly. House Managers will Residence. maintain weekly checks and notify QPs The survey sample consisted of audits of 3 and the nurse of any issues. current clients. Staff that were missing initials were V 118 27G .0209 (C) Medication Requirements V 118 verbally counseled. Medication administration requirements were 10A NCAC 27G .0209 MEDICATION REQUIREMENTS reviewed by the management team with (c) Medication administration: each of the staff members in question. (1) Prescription or non-prescription drugs shall only be administered to a client on the written House manager was also verbally order of a person authorized by law to prescribe counseled on proper disposal of discontinued medications or expired (2) Medications shall be self-administered by clients only when authorized in writing by the medications

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 drug.

(X6) DATE

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

STATE FORM

5WZZ11

Expired medications were properly

DHSR-MH Licensure Sect

TITLE

disposed of.

Director of Operations

Reople of Potential, Inc.

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: ___ R B. WING _ MHL067-100 03/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
	V 118	D21.10121101)	
(E) (C)!	1 110		
(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: Based on record reviews and interviews, the acility failed to administer medications as ordered by the physician and maintain accurate MARs for 2 of 3 current clients (clients #1 and 44). The findings are:			
Review on 3/1/24 of client #1's record revealed: 55 year old male admitted 3/3/03. Diagnoses of Moderate Intellectual Disabilities; Pedophilia; Impulse Control Disorder; PICA by listory			
Review on 3/1/24 of client #1's signed physician rders revealed: //12/24 Anoro Ellipta 62.5-25mcg (asthma) - inhale 1 uff every morning. Cetirizine HCL 10mg (allergies) - take 1 daily. Clanzapine 5mg (bipolar)- take 1 daily. Fluoxetine Hcl (depression)- 20mg- take 1 every forning. Betamethasone (dermatitis) 0.05% Ointment-pply twice daily. Clobetasol Propionate (dermatitis) 0.05% ream- apply sparingly twice daily.			
The arms of the second of the	nis Rule is not met as evidenced by: ased on record reviews and interviews, the cility failed to administer medications as dered by the physician and maintain accurate ARs for 2 of 3 current clients (clients #1 and 4). The findings are: Inding #1: Eview on 3/1/24 of client #1's record revealed: 5 year old male admitted 3/3/03. Diagnoses of Moderate Intellectual Disabilities; Edophilia; Impulse Control Disorder; PICA by story Eview on 3/1/24 of client #1's signed physician ders revealed: 12/24 Inoro Ellipta 62.5-25mcg (asthma) - inhale 1 Iff every morning. etirizine HCL 10mg (allergies) - take 1 daily. Ilanzapine 5mg (bipolar) - take 1 daily. Ilanzapine 5mg (bipolar) - take 1 daily. Ilanzapine Hcl (depression) - 20mg - take 1 every forning. etamethasone (dermatitis) 0.05% Ointment- ply twice daily. Ilanzapine propionate (dermatitis) 0.05%	nis Rule is not met as evidenced by: ased on record reviews and interviews, the cility failed to administer medications as dered by the physician and maintain accurate ARs for 2 of 3 current clients (clients #1 and 4). The findings are: Inding #1: Eview on 3/1/24 of client #1's record revealed: 5 year old male admitted 3/3/03. Diagnoses of Moderate Intellectual Disabilities; Edophilia; Impulse Control Disorder; PICA by story Eview on 3/1/24 of client #1's signed physician ders revealed: 12/24 Inoro Ellipta 62.5-25mcg (asthma) - inhale 1 Iff every morning. etirizine HCL 10mg (allergies) - take 1 daily. lanzapine 5mg (bipolar)- take 1 daily. lanzapine 5mg (bipolar)- 20mg- take 1 every brining. etamethasone (dermatitis) 0.05% Ointment- ply twice daily. lobetasol Propionate (dermatitis) 0.05% eam- apply sparingly twice daily. Forpranolol (anxiety)- 10mg- take 1 three times	nis Rule is not met as evidenced by: ased on record reviews and interviews, the cility failed to administer medications as dered by the physician and maintain accurate ARs for 2 of 3 current clients (clients #1 and t). The findings are: nding #1: eview on 3/1/24 of client #1's record revealed: 5 year old male admitted 3/3/03. Diagnoses of Moderate Intellectual Disabilities; adophilia; Impulse Control Disorder; PICA by story eview on 3/1/24 of client #1's signed physician ders revealed: 12/24 noro Ellipta 62.5-25mcg (asthma) - inhale 1 ff every morning. etrirzine HCL 10mg (allergies) - take 1 daily. lanzapine 5mg (bipolar)- take 1 daily. uoxetine Hcl (depression)- 20mg- take 1 every orning. etamethasone (dermatitis) 0.05% Ointment- ply twice daily. lobetasol Propionate (dermatitis) 0.05% eam- apply sparingly twice daily. operanolol (anxiety)- 10mg- take 1 three times

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STATEMENT OF DEFICIENCIES (X1) PRO

AND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MHL067-100		B. WING	R 03/01/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
COURTL	AND		JRTLAND DRIV DNVILLE, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 118	Continued From pa	ge 2	V 118		
	MARs revealed: February 2024 -Anoro Ellipta- no stadministration on 2/-Cetirizine- no staff i administration on 2/-Olanzapine- no staff administration on 2/-Fluoxetine - no staff administration on 2/-Betamethasone - no administration on 2/-Clobetasol Propion indicate administration on 2/-Clobetasol Propion indicate administration on 2/2-Finding #2: Review on 3/1/24 of -31 year old male add-Diagnoses of Autistick Review on 3/1/24 of orders revealed: 2/14/24 -Debrox 6.5% ear druftops each ear am a 02/22/24 -Multivitamin (supple-Vitamin D 3 1000 UrdailyDivalproex Sodium ((ER) (seizures)- 500-Diazepam (anxious)	nitials to indicate 23/24 at 8am. ff initials to indicate 23/24 at 8am. f initials to indicate 23/24 at 8am. f initials to indicate 23/24 at 8am. o staff initials to indicate 22/24 at 8am. ate - no staff initials to on on 2/22/24 at 8am. aff initials to indicate 22/24 at 8am and 8pm. client #3's record revealed: mitted 9/15/23. ic Disorder. client #3's signed physician ops (wax removal) - instill 4 and pm for 1 week. ement) - take 1 daily. nits (supplement) take 1 (SOD) Extended Release			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-100		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R 03/01/2024	
COURTL	AND		RTLAND DI NVILLE, NO	···		
(X4) ID PREFIX TAG	(EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
V 118	Continued From page	ge 3	V 118			
	8pmMultivitamin- no sta administration on 2/2 -Vitamin D 3- no sta administration on 2/2 -Divalproex SOD EF administration on 2/2 -Diazepam- no staff administration on 2/2 Interviews on 3/1/24 stated they received Interview on 3/1/24 s-She had medication	21/24 and 2/22/24 at 8am and aff initials to indicate 24/24 and 2/29/24 at 8am. If initials to indicate 24/24 and 2/29/24 at 8am. If initials to indicate 24/24 and 2/29/24 at 8am.				
	-Blanks should not b -If she noticed a blan confirm with staff the administered and wo requiredShe understood the medications as order maintain accurate Ma	the in the MAR, she would be the medication was build have then initial as requirement to administer red by the physician and ARs.				
	27G .0209 (D) M edic		V 119			
(10A NCAC 27G .0209 REQUIREMENTS (d) Medication dispose (1) All prescription and	al:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
	MHL067-100		B. WING		R 03/01/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
COURT	LAND	113 COU	RTLAND DE	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE	
V 119	Continued From pa	ge 4	V 119			\neg
	guards against dive (2) Non-controlled s of by incineration, fl system, or by transf destruction. A record shall be maintained Documentation shall medication name, si date and method, th disposing of medica witnessing destruction (3) Controlled substances Act, G.S. subsequent amender (4) Upon discharge of remainder of his or h disposed of promptly expected that the pat to the facility and in si drug supply shall not	I specify the client's name, trength, quantity, disposal e signature of the person tion, and the person on. ances shall be disposed of in North Carolina Controlled 5. 90, Article 5, including any				
	interview the facility f medications that had a manner that guards accidental ingestion f #2). The findings are	ew, observations, and ailed to ensure prescription expired were disposed of in against diversion or or two of three client (#1 and :: ht #1's record revealed:				

Division of Health Service Regulation

Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL067-100		B. WING	R 03/01/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	L
COURTI	AND		RTLAND DR NVILLE, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 119	Continued From page	ge 5	V 119		
	-Diagnoses included Moderate Intellectual Disabilities; Pedophilia; Impulse Control Disorder; PICA by History -Signed physician orders dated 2/12/24 revealed- Ipratropium 0.03% Spray (asthma)- Instill 1 spray in each nostril three times daily. PRN.				
	Observation on 3/1/24 at approximately 11:20am of client #1's medications revealed: -1 container of Ipratropium with a dispense date of 3/16/21 and an expiration date of 3/16/221 container of Ipratropium with a dispense date of 7/19/21 and an expiration date of 7/19/22.				
	Interviews on 3/1/24 with client #'s 1 and #2 stated they received their medications daily.				
	 -43 year old male. -Admission date of 8 -Diagnoses included Mild Intellectual Disa 	client #2's record revealed: 6/1/07. Schizoaffective Disorder; abilities; Seizure Disorder; becified; Gastro-esophageal			
	Hydrocortisone 2.5%	ders dated 11/3/22 revealed- cream (skin conditions)- er bowel movements to			
	of client #2's medica: -1 tube of Hydrocortis	4 at approximately 10:45am tions revealed: sone cream with a dispense a discard after date of			
	 She did not know the and she understood e 	ne House Manager stated: e Ipratropium was expired expired medication was to be r that guards against al ingestion.			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 13. COURTLAND DRIVE JACKSONVILLE, NC 28546 [CAU ID SUMMARY STATEMENT OF DEFICIENCIES STATE STRUCT ADDRESS STATE STA		OF CORRECTION	IDENTIFICATION NUMBER:		G:	(X3) DATE SURVEY COMPLETED
COURTLAND 113 COURTLAND DRIVE JACKSONVILLE, NC 28846 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, safe, attractive and orderly manner. The findings are: Observation on 3/1/24 between 12:15pm and 12:45pm during a tour of the facility revealed: -The living room had two 5 light ceiling fans with 2 lights not working on 1 and 1 light not working on 1 and 1 light not workingThe downstairs hall bathroom had a 3 bulb light fixture with one light not workingThe upstairs hall bath had a 2 bulb light with 1 light not workingClient #2's bedroom had a wall receptacle by the closet that was missing a cover; various clothing scattered throughout the floor; candy paper, Q-tips and snack wrappers scattered on the floor. Interview on 3/1/24 the Qualified Professional stated she understood the facility was required to be maintained in a clean, safe, attractive and			MHL067-100	B. WING		
CASTON C	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REGULATORY OR LSC IDENTIFYING INFORMATION) EXTERIOR REGULREMENTS (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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, safe, attractive and orderly manner. The findings are: Observation on 3/1/24 between 12:15pm and 12:45pm during a tour of the facility revealed: -The living room had two 5 light ceiling fans with 2 lights not working on 1 and 1 light not working on the other; the fabric was peeling from the couchThe upstairs hall bath had a 2 builb light with 1 light not workingThe upstairs hall bath had a 2 builb light with 1 light not workingClient #2's bedroom had a wall receptacle by the closet that was missing the cover; the ceiling light in the closet that was missing a cover, various clothing scattered throughout the floor, candy paper, Q-tips and snack wrappers scattered on the floor. Interview on 3/1/24 the Qualified Professional stated she understood the facility was required to be maintained in a clean, safe, attractive and	COURTL	AND				
10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, safe, attractive and orderly manner. The findings are: Observation on 3/1/24 between 12:15pm and 12:45pm during a tour of the facility revealed: -The living room had two 5 light ceiling fans with 2 lights not working on 1 and 1 light not working on the other; the fabric was peeling from the couchThe downstairs hall bathroom had a 3 bulb light fixture with one light not workingThe upstairs hall bath had a 2 bulb light with 1 light not workingClient #2's bedroom had a wall receptacle by the closet that was missing a cover; various clothing scattered throughout the floor; candy paper, Q-tips and snack wrappers scattered on the floor. Interview on 3/1/24 the Qualified Professional stated she understood the facility was required to be maintained in a clean, safe, attractive and	PREFIX	(EACH DEFICIENCY I	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP	D BE COMPLETE
		10A NCAC 27G .030 EXTERIOR REQUII (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not me Based on observation was not maintained and orderly manner. Observation on 3/1/2 12:45pm during a to -The living room had lights not working or the other; the fabric -The downstairs hall fixture with one light -The upstairs hall ba light not working. -Client #2's bedroom closet that was missi in the closet was missi in the closet was missi clothing scattered the paper, Q-tips and so the floor. Interview on 3/1/24 to stated she understood be maintained in a closer.	D3 LOCATION AND REMENTS its grounds shall be to clean, attractive and orderly to kept free from offensive It as evidenced by: on and interview, the facility in a clean, safe, attractive The findings are: I wo 5 light ceiling fans with 2 on 1 and 1 light not working on was peeling from the couch. bathroom had a 3 bulb light to not working. The had a wall receptacle by the ing the cover; the ceiling light sing a cover; various roughout the floor; candy ack wrappers scattered on the Qualified Professional and the facility was required to	V 736		