PRINTED: 01/24/2024 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 mhl024-026 B. WING 01/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11337 JOE BROWN HIGHWAY SOUTH GOREMONT TABOR CITY, NC 28463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on January 16, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. 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 drugs. (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 drug. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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PRINTED: 01/24/2024 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:** A. BUILDING: COMPLETED R B. WING mhl024-026 01/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11337 JOE BROWN HIGHWAY SOUTH GOREMONT TABOR CITY, NC 28463 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 1 V 118 Physician order will 1/2004 he in place when Chient self administers (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: Stoys in compliance Based on record review and interview, the facility failed to 1) ensure medications were self-administered by clients only when authorized in writing by the client's physician for 1 of 3 clients (#2) and 2) ensure MARs were kept current for 3 of 3 clients. The findings are: Finding #1 Review on 1/11/24 of client #1's record revealed: -48 year old female. -Admitted on 8/19/04. -Diagnoses of Mild Intellectual Disability, Downs Syndrome, Hypothyroidism, Hyperlipidemia, Legal Blindness, as defined in USA and Adjustment Disorder with mixed anxiety and depressed mood. Review on 1/11/24 of client #1's signed physician order dated 5/22/23 revealed: -Trimethoprim 100 milligram (mg) daily. Review on 1/11/24 of client #1's MARs from 10/1/23 - 1/11/24 revealed the following blanks: -Trimethoprim 100 mg on 1/4/24 - 1/11/24.

Interview on 1/12/24 client #1 stated: -She received her medications daily.

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AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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P	REFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE -REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLET DATE		
	V 118	Continued From page 2		V 118				
		Finding #2 Review on 1/11/24 of -36 year old femaleAdmitted on 7/15/17 -Diagnoses of Mild I Disability, Major Dep Hypothyroidism, Dia PressureNo evidence of a set Bydureon Injection 2 (ml).  Review on 1/11/24 of order dated 7/17/23 -Bydureon Injection 2 subcutaneously once -Rosuvastatin 10 mg Review on 1/11/24 of 10/1/23 - 1/11/24 review on 1/12/24 review on 1/12/24 and 12/25 -Rosuvastatin 10 mg administered on 10/3  Interview on 1/12/24 of -5he self-administered diabetes.  Finding #3 Review on 1/11/24 of -58 year old maleAdmitted on 8/1/96Diagnoses of Essent kidney, Hyperlipidemi	of client #2's record revealed: 7. Intellectual Developmental pression, Seizure Disorder, betes and High Blood  elf administration order for milligram (mg)/0.85 milliliter  f client #2's signed physician revealed: 2 mg/0.85 ml Inject 2 mg exweekly. (Diabetes) at bedtime. (cholesterol)  f client #2's MARs from ealed: 2 mg/0.85 ml was no weekly except when blank 6/23.  was not documented as 1/23.  client #2 stated:	V 118				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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mhl024-026			B. WING		R 01/16/2024	
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(X4) ID PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	Ξ
V 118	Continued From page	ge 3	V 118		V	
	Review on 1/11/24 order dated 5/22/23 -Metformin 1000 mg mellitus.  Review on 1/11/24 of 10/1/23 - 1/11/24 rev -Metformin 1000 mg 8pm.  Attempted interview unsuccessful due to Interview on 1/11/24 -The clients received orderedThe pharmacy used client medicationsThe blanks on the N to documentClient #2 had alway diabetes medication admitted to the facilitishe was not aware for client #2She would contact of clarify the administral Interview on 1/12/24 stated: -She was not aware her Bydureon Injectionshe believed the cliemedications as order	of client #3's signed physician revealed: g twice daily for diabetes  of client #3's MARs from wealed the following blanks: g on 11/1/23 - 11/30/23 at  on 1/12/24 with client #3 was his diagnoses.  and 1/12/24 staff #1 stated: d their medications as d daily bubble packs for each MARs were the staff forgetting is self administered her weekly since she was by. of a self-administration order client #2's primary provider to tion order.  the Qualified Professional client #2 self-administered in 2 mg/0.85 ml. ents received their red.  itutes a re-cited deficiency	V 118			

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 mhl024-026 B. WING 01/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11337 JOE BROWN HIGHWAY SOUTH GOREMONT TABOR CITY, NC 28463 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 120 Continued From page 4 V 120 V 120 27G .0209 (E) Medication Requirements V 120 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit: (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container: (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Obtained and mediators
will be stored in the 1/box
wock box. Stort will
ensure that its 100kad Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observations and interview the facility failed to keep refrigerated medication in a locked

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findings are:

-36 year old female. -Admitted on 7/15/17.

container affecting 1 of 3 current clients (#2). The

Review on 1/11/24 of client #2's record revealed:

-Diagnoses of Mild Intellectual Developmental Disability, Major Depression, Seizure Disorder, Hypothyroidism, Diabetes and High Blood

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
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				STATE, ZIP CODE			
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES					
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V 120	V 120 Continued From page 5		V 120				
	Pressure.						
	Review on 1/11/24 of	of client #2's signed physician					
	order dated 7/17/23						
	-Bydureon Injection 2 milligram (mg)/0.85 milliliter (ml) Inject 2 mg subcutaneously once weekly.						
	Observation on 1/11	/24 between 4pm - 4:15pm					
during a review of client #2's medications		ient #2's medications					
	revealed:	2 10 05 11 1 1 6					
	stored in a small refu	2 mg/0.85 ml Inject 2 mg was					
	stored in a small refrigerator unlocked and unsecured.						
	Interview on 1/11/24 and 1/12/24 staff #1 stated:						
	-Client #2's Bydureo	n Injection 2 mg/0.85 ml was					
	stored in the refrigerator in the staff's room.						
	-She was not aware medication needed to be locked.						
	Interview on 1/12/24 the Qualified Professional						
	stated:						
	-She had not noticed client #2's Bydureon Injection 2 mg/0.85 ml was not locked and						
	secured.	ill was not locked and					
	-A lock box had now	been purchased to lock and					
	secure the medicatio	n.					
		4					
		11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -					
						1	