

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2024
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NAME OF PROVIDER OR SUPPLIER CAROLINA PRIME RESIDENTIAL, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4407 PHEASANT RUN DRIVE GREENSBORO, NC 27455
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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 May 23, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30</p>	V 119		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure disposal of expired medications to guard against diversion or accidental ingestion. The findings are:</p> <p>Reviews on 5/22/24 and 5/23/24 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 11/1/21. -Diagnoses of Intellectual Developmental Disability (IDD), Schizoaffective-Bipolar Type, Personality Disorder, Generalized Anxiety Disorder, Idiopathic Constipation-Chronic, Hypertension, Lupus, Incontinence of Urine , and Eczema/Atopic Dermatitis. -9/11/23 physician-ordered Cetirizine HCL 10 milligrams (mg) (allergies), 1 tablet (tab) as needed in the evenings. -9/26/23 physician-ordered Betamethasone Valerate Cream 0.1% (relief from itching), apply thin film to affected area one to three times daily. -10/25/23 physician-ordered Ibuprofen 800 mg (pain relief) , 1 tab three times daily as needed, and Clindamycin Phosphate and Benzoyl Peroxide Gel 1.2%-2/5% (acne), apply to face twice daily. <p>Observation at 1:45 pm on 5/22/24 of Client #3's prescribed medications revealed:</p> <ul style="list-style-type: none"> -Cetirizine HCL had an expiration date of 2/21/24. -Betamethasone Valerate Cream had an expiration date of 9/2023. -Ibuprofen 800 mg had an expiration date of 	V 119		

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V 119	<p>Continued From page 2</p> <p>3/9/24.</p> <p>-Clindamycin Phosphate and Benzoyl Peroxide had an expiration date of 5/2023.</p> <p>Interview on 5/22/24 with Client #3 revealed:</p> <p>-She did not want to answer questions about her medications.</p> <p>Interview on 5/23/24 with the Group Home Manager revealed:</p> <p>-The pharmacy usually asked about any refills needed especially for PRN (as needed) medications.</p> <p>-Expired client medications were to be returned to the pharmacy.</p> <p>-She and the staff should have paid attention to the expiration dates on client medications.</p> <p>-She would ensure the client medications were kept current and any expired medications returned to the pharmacy.</p>	V 119		