

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2024
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NAME OF PROVIDER OR SUPPLIER THE MOSS HOME-A CARING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 3546 SADDLE RIDGE ROAD STEM, NC 27581
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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 July 17, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current clients & 1 former client.</p>	V 000		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall</p>	V 116		

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

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V 116	<p>Continued From page 1</p> <p>not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were dispensed on the written order of a physician for 1 of 1 current client (#1). The findings are:</p> <p>Review on 7/16/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/20/24 - diagnoses: Post Traumatic Stress Disorder, Disruptive Mood Dysregulation, Attention Deficit Mood Disorder & Mild Intellectual Developmental Disorder - a physician order for the following: <ul style="list-style-type: none"> - Chlorpromazine 50mg (milligrams) 2 morning and 1 bedtime (antipsychotic) - Divalproex 250mg twice a day (bipolar) - Clonidine .1mg 1 -2 bedtime (attention deficit hyperactivity disorder) - Melatonin 3mg 2 bedtime (sleep) - Guanfacine 4mg everyday (attention deficit hyperactivity disorder) <p>Observation on 7/16/24 at 4:23pm revealed the following:</p> <ul style="list-style-type: none"> - a pill planner on the kitchen countertop with 	V 116		

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V 116	Continued From page 2 pills of different colors and sizes During interview on 7/16/24 client #1 reported: - staff #1 administered his pills from the pill planner During interview on 7/16/24 staff #1 reported: - filled pill planner every Sunday night for the week - administered client #1's medication from the pill planner	V 116		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 3</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by:</p>	V 289		
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V 289	<p>Continued From page 4</p> <p>Based on record review and interview the facility failed to meet the scope of their program which provides residential services to individuals who have a mental illness, a developmental disability or a substance abuse disorder for 1 of 1 former client (FC#2). The findings are:</p> <p>Review on 7/12/24 of the facility's license revealed:</p> <ul style="list-style-type: none"> - no documentation to provide respite care <p>Review on 7/16/24 of FC#2's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/20/24 and discharged 6/13/24 - no mental health diagnoses documented - discharge summary: consumers (FC#2) guardian found permanent placement and no longer needed respite services <p>During interview on 7/16/24 staff #1 reported:</p> <ul style="list-style-type: none"> - FC#2 was nonverbal - could tell FC#2 had Autism - his Department of Social Services guardian did not send documented mental health diagnoses - she kept FC#2 for approximately 2 weeks for respite care <p>During interview on 7/17/24 the Licensee reported:</p> <ul style="list-style-type: none"> - would work on deficiencies cited 	V 289		