(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S	
		<del></del>		
MHL020-006	B. WING			0/2024
R STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
OME 82 BOYD	STREET			
ANDREW	/S, NC 28901			
ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
NTS	V 000			
CAC 27G .5600C Supervised				
survey sample consisted of an				
edication Requirements	V 116			
spensing: hall be dispensed only on the physician or other practitioner ribe. hall be restricted to registered sicians, or other health care porized by law and registered arolina Board of Pharmacy. If a pharmacy is Not required, a signated person may assist a rhealth care practitioner with a step as the final label, Container, are physically checked and authorized person prior to take-home purposes may be not of a methadone treatment erly labeled container by a employed by the service, equirements of 10 NCAC 26E G OF METHADONE IN COGRAMS BY RN. Supplying of				
IN SAPE ON BOY BETT IN THE SACH WHEEPEN AS THE BOY BY	MHL020-006  ER STREET AL	MHL020-006  ER  STREET ADDRESS, CITY, S  82 BOYD STREET ANDREWS, NC 28901  STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)  ENTS  V 000  ENTS  V 000  OND  OND  OND  OND  OND  OND  OND	MHL020-006  B. WING  D. PROVIDERS PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRING TAGE  CROSS-REFERENCED  CROSCHOLD  CROSS-REFERENCED  CROSCHOLD  CROSS-REFERENCED  CROSS-REFERENCED  CROSS-REFE	MHL020-006  B. WING

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

TITLE (X6) DATE

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			SURVEY PLETED	
		MHL020-006	B. WING			R 1 <b>0/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PLEASA	NT HILL GROUP HON	ME 82 BOYD 8 ANDREWS	STREET S, NC 28901	ı		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 116	not possess a stock for the purpose of continuous pharmacist and obt Board of Pharmacy locked supply of pre Samples shall be dilabeled in accordant Rule.	of prescription legend drugs lispensing without hiring a aining a permit from the NC Physicians may keep a small escription drug samples. ispensed, packaged, and ice with state law and this	V 116			
	observation, the factorise dispensing of medic pharmacists, physic practitioners author with the North Caro	et as evidenced by: views, interviews and cility failed to ensure cations was restricted to cians or other health care ized by law and registered lina Board of Pharmacy ited current clients (#2, #3).				
	-Date of Admission: -Diagnoses: Moder disability (IDD), Aut	ate intellectual developmental ism spectrum disorder, / disorder, Impulse control				
	(medication administration -Cetirizine 10m tablet daily, was document of the control of the cont	f 5/1/24-7/9/24 MARs stration record) revealed: g (milligrams) (allergies) 1 cumented with code "A" on 7/3 20mg (reflux) 1 tablet in the mented with code "A" on 7/4-				

Division of Health Service Regulation

DIVIDION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		MHL020-006	B. WING		R   07/1	R 0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
NAME OF	NOVIDEN ON OUT FIELD	82 BOYD		TATE, ZII GODE		
PLEASA	NT HILL GROUP HON	1 E	S, NC 28901			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 116	Continued From pa	ge 2	V 116			
	(deficiency) 1 tablet code "A" on 7/4-7/7 -Atorvastatin 20 at night, was docume 7/6/24Quetiapine 100 daily, was documer 7/7/24 am doses ar -Clonidine 0.1m daily, was documer 7/7/24 am doses ar -Sucralfate 1gr was documented w -Fluoxetine 20r was documented w -Fluoxetine 20r was documented w -Pluoxetine 20r was documented w -Fluoxetine 20r was documented w -Pluoxetine 20r was documented w -Pluoxetine 20r was documented w -Pluoxetine 20r was documented with cod/9/24, 7/4-7/6/24, -Simvastatin 20r every evening, was 5/8/24, 6/7/24, 6/8/2 -Vosartan Potas pressure) 1 tablet documented with cod/9/24, 7/4-7/6/24.	dially, was documented with /24. Omg (cholesterol) 1 tablet daily nented with code "A" on 7/3-Omg (mood) 1 tablet twice of the with code "A" on 7/4-Omg (mood) 1 tablet twice of the with code "A" on 7/4-Omg (sedation) 1 tablet twice of the with code "A" on 7/4-Omg (sedation) 1 tablet daily, ith code "A" 7/4-7/7/24. Omg (depression) 1 tablet daily, ith code "A" 7/4-7/7/24. Omg (depression) 1 tablet daily, ith code "A" 7/4-7/7/24. Omg (depression) 1 tablet daily, ith code "A" 7/4-7/7/24. Omg (depression) Mild ties of gait and mobility, tory of falling. Of 5/1/24-7/9/24 MARs  CTZ 37.5-25mg (high blood daily every am, was ode "A" on 5/9/24, 6/8/24, Omg (cholesterol) 1 tablet daily documented with code "A" on 24, 7/3-7/5/24. Omg (asthma) 1 tablet daily documented with code "A" on 24, 7/3-7/5/24. Omg (asthma) 1 tablet daily documented with code "A" on 24, 7/3-7/5/24. Omg (high blood				

1 spray each nostril every morning, was
Division of Health Service Regulation

STATE FORM 6899 Z59011 If continuation sheet 3 of 15

	of Fleatiff Service IN					-
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	LLILD
					F	₹
		MHL020-006	B. WING		1	0/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PLEASA	NT HILL GROUP HON	ME 82 BOYD				
		ANDREW	S, NC 28901			
(X4) ID	-	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	NEGOEATORT OR E	oo ibertii tiito iiti ortiviitioiti)	TAG	DEFICIENCY)	1000	
	_					
V 116	Continued From pa	ge 3	V 116			
	documented with co	ode "A" on 5/9/24, 6/8/24,				
	6/9/24, 7/4-7/6/24.					
		g (supplement) 1 tablet daily,				
		ith code "A" on 5/9/24, 6/8/24,				
	6/9/24, 7/4-7/6/24.					
		rops (dry eye) 1 drop in				
		s daily, was documented with				
	code "A" on 5/9/24,	6/8/24, 6/9/24, 7/4-7/6/24 am				
	doses; on 5/8/24, 6	/7/24, 6/8/24, 7/3-7/5/24 4pm				
	doses and on 5/8/2	4, 6/7/24, 6/8/24, 7/3-7/5/24				
	pm doses.					
	-CoQ10 100mg	(supplement) 1 capsule daily				
		umented with code "A" on				
	5/9/24, 6/8/24, 6/9/2					
		ng (blood clots) 1 tablet daily,				
		ith code "A" on 5/9/24, 6/8/24,				
	6/9/24, 7/4-7/6/24.					
		40mg (reflux) 1 tablet daily,				
		ith code "A" on 5/9/24, 6/8/24,				
	6/9/24, 7/4-7/6/24.					
		r (supplement) 1 tablet daily,				
		ith code "A" on 5/8/24, 6/7/24,				
	6/8/24, 7/3-7/5/24.	a (allawaisa) 4 tablet daily was				
		g (allergies) 1 tablet daily, was ode "A" on 5/9/24, 6/8/24,				
	6/9/24, 7/4-7/6/24.	ode A 011 3/9/24, 0/0/24,				
		mg (supplement) 1 tablet daily,				
		ith code "A" on 5/9/24, 6/8/24,				
	6/9/24, 7/4-7/6/24.	1111 COde A 011 3/9/24, 0/0/24,				
	5/5/21, 1/7 1/0/24.					
	Observation on 7/1	0/24 at approximately				
		plastic medication pack				
		10" with 4 rows labelled				
		ning and bedtime and				
		abelled days of the week.				
	Interview on 7/9/24	with Client #2 revealed:				
	-"I went home for th					
		,				
	Interview on 7/9/24	with Client #3 revealed:				

Division of Health Service Regulation STATE FORM

6899 Z59011 If continuation sheet 4 of 15

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:			
		MHL020-006	B. WING		F 07/1	尺 0/2024
					0771	0/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PLEASA	NT HILL GROUP HON	ME 82 BOYD ANDREWS	STREET S, NC 28901	<u> </u>		
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 116	Continued From pa	ge 4	V 116			
	-"I went to see my s and stayed the wee	sister (in local city) for the forth kend."				
	-Was the house masince November 20 -Code "A" on the Mabsent from the factor. The executive dire (ED/QP) showed his for home visitsEach client had a pwas used for home -He signed the MAI pre-packed the mecopy of MAR home  Interview on 7/10/2 -All staff went through medications and portain an	ARs meant the client was illity. ctor/qualified professional m how to pack medications plastic medication pack that visits. Rs with an "A" when he dications. He did not send a with the medications.  4 with the ED/QP revealed: gh competency trainings for plicies annually. Triew packing medications for how to pack meds for home Staff #3] would pack those medications home with clients ork out something with the				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administere order of a person a drugs.					

STATE FORM 6899 If continuation sheet 5 of 15 Z59011

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		SURVEY PLETED
			A. BUILDING:			R
		MHL020-006	B. WING			10/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PLEASA	NT HILL GROUP HO	ME 82 BOYD ANDREW	STREET S, NC 28901	ı		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 118	clients only when a client's physician.  (3) Medications, incadministered only buildensed persons pharmacist or othe privileged to prepaid (4) A Medication Acall drugs administe current. Medication recorded immediat MAR is to include to (A) client's name;  (B) name, strength (C) instructions for (D) date and time to (E) name or initials drug.  (5) Client requests checks shall be recorded.	uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, or legally qualified person and re and administer medications. Idministration Record (MAR) of red to each client must be kept as administered shall be ely after administration. The	V 118			
	Based on record re facility failed to ens administered on the	et as evidenced by: eviews and interviews, the ure medications were e written order of a physician lited clients (#1, #3).				
	-Date of Admission -Diagnoses: Mild in disability (IDD), Tre	7/10/24 for Client #1 revealed: : 6/1/12 Itellectual developmental Emors, Mood disorder. Sician's order for the following				

Division of Health Service Regulation

STATE FORM 5899 Z59011 If continuation sheet 6 of 15

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. 33.E51116.		   F	
		MHL020-006	B. WING 0		1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PLEASA	NT HILL GROUP HON	ME 82 BOYD				
	OLIMANA DV. OTA		S, NC 28901			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 6	V 118			
	every 6 hours PRN Review on 7/10/24 revealed:	Omg (milligram) (pain) 1 tablet (as needed). of 5/1/24-7/9/24 MARs				
	administered 6/2/24	4.				
	-Date of Admission -Diagnoses: Mild ID asthma, Abnormali Hyperlipidemia, His -There were no phy following medicatio -Calcium 600m -Systane eye d affected eye 3 time -CoQ10 100mg with mealCentrum Silve	DD, Hypertension, Mild ties of gait and mobility, story of falling. /sician's orders for the ns: ig (supplement) 1 tablet daily. rops (dry eye) 1 drop in				
	revealed: -Calcium 600m administered 5/1-5/ -Systane eye d administered 3 time -CoQ10 was dd daily 5/1/24-7/8/24Centrum Silve administered daily 5/ -Vitamin C was daily 5/1/24-7/8/24.	rops was documented as es daily 5/1/24-7/8/24. commented as administered r was documented as 5/1/24-7/8/24. commented as administered as administered				
		with Client #1 revealed: d Seroquel, Fibercon and a				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		_	,
		MHL020-006	B. WING 07		R 07/10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PLEASA	NT HILL GROUP HON	ME 82 BOYD				
	T	ANDREW	S, NC 28901			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 7	V 118			
	-"I always get them	"				
	-Wasn't sure what is administered. He knows the house for managing the mranging the mrange of the house to being unable to I and to being unable to I and to be managing the mrange of the supplements or OT medications.	inistered Calcium 600mg due ocate 500mg tablets. ey needed orders for C (over the counter)				
V 119	10A NCAC 27G .02 REQUIREMENTS (d) Medication disp (1) All prescription a medication shall be guards against dive (2) Non-controlled a of by incineration, fl system, or by trans destruction. A recor shall be maintained Documentation sha medication name, a date and method, th disposing of medica witnessing destruct (3) Controlled subs accordance with the	osal: and non-prescription disposed of in a manner that ersion or accidental ingestion. substances shall be disposed lushing into septic or sewer fer to a local pharmacy for d of the medication disposal by the program. all specify the client's name, strength, quantity, disposal the signature of the person ation, and the person	V 119			

Division of Health Service Regulation

STATE FORM 259011 If continuation sheet 8 of 15

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	MHL020-006	B. WING		R <b>07/10/2024</b>
PROVIDER OR SUPPLIER	82 BOYD	STREET	TATE, ZIP CODE	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLET
subsequent amend (4) Upon discharge remainder of his or disposed of prompt expected that the pto the facility and in drug supply shall no	ments. of a patient or resident, the her drug supply shall be ly unless it is reasonably atient or resident shall return such case, the remaining of be held for more than 30	V 119		
Based on record re observation the faci medications in a madiversion or accider audited clients (#3).  Observation on 7/9/client medications in Silver in pharmacy dispensed 5/31/23, unopened boxes of with pharmacy label without a label with 5/3/24; 2 generic eapharmacy label displabel with manufact Interview on 7/10/24-"[Client #3] never unhave gotten rid of the -Would pay closer adates.	views, interviews and fility failed to dispose of anner that guarded against atal ingestion affecting 1 of 3. The findings are:  24 at approximately 3pm of evealed for Client #3 Centrum bottle with pharmacy label expiring on 5/31/24; 2  Debrox ear drops 6.5%, 1  I dispensed 12/1/22, and 1 manufacturer's expiration of ar drops 6.5%, 1 with bensed 1/6/22, 1 without a curer's expiration of 4/2024.  4 with Staff #3 revealed: used the ear drops. I should nose."  attention to OTC expiration			
	PROVIDER OR SUPPLIER  NT HILL GROUP HON  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS  Continued From pa subsequent amend (4) Upon discharge remainder of his or disposed of prompt expected that the p to the facility and in drug supply shall no calendar days after  This Rule is not me Based on record re observation the faci medications in a ma diversion or accider audited clients (#3).  Observation on 7/9/ client medications r Silver in pharmacy I dispensed 5/31/23, unopened boxes of with pharmacy labe without a label with 5/3/24; 2 generic ea pharmacy label disp label with manufact  Interview on 7/10/24 -"[Client #3] never u have gotten rid of th -Would pay closer a dates.  This deficiency cons	MHL020-006  PROVIDER OR SUPPLIER  STREET AE  82 BOYD  ANDREW  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8  subsequent amendments.  (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 calendar days after the date of discharge.  This Rule is not met as evidenced by: Based on record reviews, interviews and observation the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 audited clients (#3). The findings are:  Observation on 7/9/24 at approximately 3pm of client medications revealed for Client #3 Centrum Silver in pharmacy bottle with pharmacy label dispensed 5/31/23, expiring on 5/31/24; 2 unopened boxes of Debrox ear drops 6.5%, 1 with pharmacy label dispensed 1/21/22, and 1 without a label with manufacturer's expiration of 5/3/24; 2 generic ear drops 6.5%, 1 with pharmacy label dispensed 1/6/22, 1 without a label with manufacturer's expiration of 4/2024.  Interview on 7/10/24 with Staff #3 revealed: -"[Client #3] never used the ear drops. I should have gotten rid of those."  -Would pay closer attention to OTC expiration	MHL020-006  MHL020-006  B. WING  B. WING  BROVIDER OR SUPPLIER  STREET ADDRESS, CITY, S  82 BOYD STREET  ANDREWS, NC 28901  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8  subsequent amendments.  (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 calendar days after the date of discharge.  This Rule is not met as evidenced by: Based on record reviews, interviews and observation the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 audited clients (#3). The findings are:  Observation on 7/9/24 at approximately 3pm of client medications revealed for Client #3 Centrum Silver in pharmacy bottle with pharmacy label dispensed 5/31/23, expiring on 5/31/24; 2 unopened boxes of Debrox ear drops 6.5%, 1 with pharmacy label dispensed 1/6/22, 1 without a label with manufacturer's expiration of 5/3/24; 2 generic ear drops 6.5%, 1 with pharmacy label dispensed 1/6/22, 1 without a label with manufacturer's expiration of 4/2024.  Interview on 7/10/24 with Staff #3 revealed:  -"[Client #3] never used the ear drops. I should have gotten rid of those."  -Would pay closer attention to OTC expiration dates.  This deficiency constitutes a recite deficiency and	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  82 BOYD STREET  ANDREWS, NC 28901  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8  subsequent amendments. (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 calendar days after the date of discharge.  This Rule is not met as evidenced by: Based on record reviews, interviews and observation in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 audited clients (#3). The findings are:  Observation on 7/9/24 at approximately 3pm of client medications revealed for Client #3 Centrum Silver in pharmacy bottle with pharmacy label dispensed 5/31/23, expiring on 5/31/24; 2 unopened boxes of Debrox ear drops 6.5%, 1 with pharmacy label dispensed 16/122, and 1 without a label with manufacturer's expiration of 5/3/24; 2 generic ear drops 6.5%, 1 with pharmacy label dispensed 16/122, 1 without a label with manufacturer's expiration of 5/3/24; 2 generic ear drops 6.5%, 1 with pharmacy label dispensed 16/122, 1 without a label with manufacturer's expiration of 4/2024, Interview on 7/10/24 with Staff #3 revealed:  "Client #3] never used the ear drops. I should have gotten rid of those."  "How the first approximate a deficiency and before one of the first and the patients of the first approximate and the firs

PRINTED: 07/22/2024 FORM APPROVED

Division of Health Service Regulation

	of Fleatiff Service IN				<del></del>	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MHL020-006	B. WING			0/2024
		III12020 000	<u>l</u>		0771	0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PLEASANT HILL GROUP HOME 82 BOYD		STREET				
I LLAGA	IVI THEE OROOT HON	ANDREW	S, NC 28901			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	TIAIE	DAIL
				·		
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
		MINAL HISTORY RECORD				
	CHECK REQUIRE					
	APPLICANTS FOR					
		used in this section, the term				
		o an area authority/county				
		rovider of mental health,				
		bility, and substance abuse nsable under Article 2 of this				
	Chapter.	isable under Article 2 or tris				
		An offer of employment by a				
		nder this Chapter to an				
		sition that does not require the				
		n occupational license is				
		sent to a State and national				
		ord check of the applicant. If				
		een a resident of this State for				
		, then the offer of employment				
		onsent to a State and national				
	criminal history reco	ord check of the applicant. The				
		story record check shall				
	include a check of t	he applicant's fingerprints. If				
	the applicant has be	een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
	,	ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding  Department of Justice shall				
	return the results of	national criminal history				

6899

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	5
		MHL020-006	B. WING			0/2024
					, 0,,,	0,2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PLEASA	NT HILL GROUP HON	ME 82 BOYD				
		ANDREW	S, NC 28901			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
17.0		,	17.0	DEFICIENCY)		
\/ 122	Continued From no	go 10	V 133			
V 133	Continued From pa	ge 10	V 133			
	record checks for e	mployment positions not				
	covered by Public L	aw 105-277 to the				
		lth and Human Services,				
		check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an dinance and has access to				
		ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
		ousiness days of the				
	conditional offer of	employment by the provider.				
		nformation received by the				
	provider is confider	itial and may not be disclosed,				
		ant as provided in subsection				
		or purposes of this				
		n "private entity" means a				
		engaged in conducting				
	_	ord checks utilizing public				
	records obtained from					
		oplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:	priougnose of the prime				
	(i) The level and se	eriousness of the crime.				

DIVISION OF TREATH OF REPUBLICATION AND A PROPERTY OF THE PROP	(VO) PATE OUR (T)
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A RULL DIAG.	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:	COIVII LL I LD
	R
MHL020-006 B. WING	07/10/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	-
PLEASANT HILL GROUP HOME 82 BOYD STREET	
ANDREWS, NC 28901	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROP	
DEFICIENCY)	1000
V 133 Continued From page 11 V 133	
(2) The date of the crime.	
(3) The age of the person at the time of the	
conviction.	
(4) The circumstances surrounding the	
commission of the crime, if known.	
(5) The nexus between the criminal conduct of	
the person and the job duties of the position to be	
filled.	
(6) The prison, jail, probation, parole,	
rehabilitation, and employment records of the	
person since the date the crime was committed.	
(7) The subsequent commission by the person of	
a relevant offense.	
The fact of conviction of a relevant offense alone	
shall not be a bar to employment; however, the	
listed factors shall be considered by the provider.	
If the provider disqualifies an applicant after	
consideration of the relevant factors, then the	
provider may disclose information contained in	
the criminal history record check that is relevant	
to the disqualification, but may not provide a copy	
of the criminal history record check to the	
applicant.	
(d) Limited Immunity A provider and an officer	
or employee of a provider that, in good faith,	
complies with this section shall be immune from	
civil liability for:	
(1) The failure of the provider to employ an	
individual on the basis of information provided in the criminal history record check of the individual.	
(2) Failure to check an employee's history of	
criminal offenses if the employee's criminal	
history record check is requested and received in	
compliance with this section.	
(e) Relevant Offense As used in this section,	
"relevant offense" means a county, state, or	
federal criminal history of conviction or pending	
indictment of a crime, whether a misdemeanor or	

Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			COIVIP	LETED		
					R			
		MHL020-006	B. WING		07/1	0/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
		82 BOYD	STREET					
PLEASA	NT HILL GROUP HON	1F	S, NC 28901	l				
(X4) ID				PROVIDER'S PLAN OF CORRECTI	ON	(X5)		
PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	D BE COMPLETE		
TAG			TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE		
	_			· · · · · · · · · · · · · · · · · · ·				
V 133	Continued From page 12		V 133					
		for the safety and well-being of						
		ental health, developmental						
	,	tance abuse services. These						
		criminal offenses set forth in						
	any of the following Articles of Chapter 14 of the							
	General Statutes: Article 5, Counterfeiting and							
	Issuing Monetary Substitutes; Article 5A,							
	Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other							
	Sex Offenses; Article 8, Assaults; Article 10,							
	Kidnapping and Abduction; Article 13, Malicious							
	Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,							
	False Pretenses and Cheats; Article 19A,							
	Obtaining Property or Services by False or							
	Fraudulent Use of Credit Device or Other Means;							
	Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and							
		A, Adult Establishments;						
		ion; Article 28, Perjury; Article						
		31, Misconduct in Public						
		offenses Against the Public						
		Riots and Civil Disorders;						
		on of Minors; Article 40,						
		amily; Article 59, Public						
		ticle 60, Computer-Related es also include possession or						
		ation of the North Carolina						
		ces Act, Article 5 of Chapter						
		Statutes, and alcohol-related						
		ale to underage persons in						
		B-302 or driving while						
		n of G.S. 20-138.1 through						
	G.S. 20-138.5.							
	(f) Penalty for Furni	shing False Information Any						

Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED  R 07/10/2024			
MHL020-00		MHL020-006						
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
PLEASANT HILL GROUP HOME 82 BOYD								
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE			
V 133	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 133	DEFICIENCY)				
	conditional offer of staff (Staff #3). The Record review on 7 -Date of hire: 11/17	employment for 1 of 3 audited findings are: 7/10/24 for Staff #3 revealed:						

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		MHL020-006	B. WING		07/1	0/2024	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
PLEASANT HILL GROUP HOME 82 BOYD STREET ANDREWS, NC 28901							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 133	Continued From page 14		V 133				
	but no fingerprints	were requested.					
	Interview on 7/10/2 -Was the house masince November 20 -Lived in neighborinand still resided the Interview on 7/10/2 Director/Qualified F -Was not aware he	4 with Staff #3 revealed: anager and had been there 023. ng state when he was hired					