STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL0601476		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NONDER.	A. BUILDING:			
		B. WING		08	R 08/16/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	ND GROUP HOME		RM POND LANE DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	5	V 000			
	completed on 8/16/2 substantiated (Intake #NC00218721, #NC0 were cited. This facility is license category:10A NCAC for Adults with Develo This facility is license census of 3. The sur	00218817). Deficiencies ed for the following service 27G .5600 Supervised Living opmental Disabilities. ed for 3 and has a current vey sample consisted of				
V 114	audits of 3 current cli 27G .0207 Emergend	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans s procedures and route (b) The plans shall b and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. cted under conditions that response to fire				

ZE4W11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
	MHL0601476		B. WING		R 08/16/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	ND GROUP HOME		RM POND LANE OTTE, NC 28212			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 114	Continued From pag	e 1	V 114			
	This Pula is not mot	as ovidenced by:				
	This Rule is not met as evidenced by: Based on record review and interviews, the					
	facility failed to have completed fire and disaster					
	drills held at least quarterly and repeated on each shift. The findings are:					
	Review on 8/12/24 of the facility's fire and disaster drill log from August 1, 2023-July 31,					
	2024 revealed: - No documentation of 1st shift (7am-3pm), fire					
	and disaster drills for the 4th quarter from					
	October 2023-Decen	-				
	- No documentation of 1st shift (7am-3pm) fire and disaster drills for the 1st quarter from					
	January 2024-March					
	Interview on 8/14/24 with Client #2 revealed: - Completed fire and disaster drills.					
	Interview on 8/14/24	with Staff #7 revealed:				
		ead was responsible for fire				
	and disaster drill beir - A fire drill was com	pleted the "other day";				
		nonths since I did one."				
	Interview on 8/12/24 Professional reveale					
		were 1st shift-7am-3pm, 2nd				
		3rd shift- 10pm-7am; were 1st shift 7am-7pm and				
	2nd shift 7pm-7am.	wore reconner ani-r più anu				
		and 8/16/24 with the				
	Regional Administrat	or revealed: rills were completed and				
		ation to show completion of				
	fire and disaster drills	s;				

STATE FORM

ZE4W11

If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL0601476	B. WING		08	к 3/16/2024
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
ARM PO	ND GROUP HOME		RM POND LANE OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page	e 2	V 114			
		e was no 1st fire and disaster ne 4th quarter from October-				
V 119	27G .0209 (D) Medic	ation Requirements	V 119			
	guards against divers (2) Non-controlled su of by incineration, flux system, or by transfe destruction. A record shall be maintained b Documentation shall medication name, str date and method, the disposing of medicati witnessing destructio (3) Controlled substa accordance with the Substances Act, G.S subsequent amendm (4) Upon discharge o remainder of his or he disposed of promptly expected that the pat to the facility and in s	sal: Ind non-prescription lisposed of in a manner that sion or accidental ingestion. Ibstances shall be disposed shing into septic or sewer r to a local pharmacy for of the medication disposal by the program. specify the client's name, rength, quantity, disposal e signature of the person fon, and the person n. nces shall be disposed of in North Carolina Controlled . 90, Article 5, including any tents. f a patient or resident, the er drug supply shall be unless it is reasonably tient or resident shall return such case, the remaining be held for more than 30				

ZE4W11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL0601476					(X3) DATE SURVEY COMPLETED	
		MUL 0504.475	B. WING			R
AME OF PE	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	08/	16/2024	
				,211 000E		
ARM POI	ND GROUP HOME	CHARLO	OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 119	Continued From page	e 3	V 119			
	This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to dispose of medication in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (Client #2). The findings are:					
	- Admission date 3/1/ - Diagnoses Conduct traumatic Stress Disc Disabilities, Intermitte Disruptive Mood Dys Schizoaffective Disor not due to a Substant condition, Sleep Apre Malformation of Cere - Physician Order Flue	Disorder unspecified, Post order, Mild Intellectual ent Explosive Disorder, regulation Disorder, Other der, Unspecific Psychosis ce or know Physiological ea, Arteriovenous bral Vessels; Epilepsy. ticasone (sinuses) 50mcg sprays in each nostril once				
	- Order Fluticasone 5	24 at approximately 's medication revealed: i0mcg, Instill 2 sprays in ery day for acute sinusitis,				
	 Was administered n Was administered F "I didn't take it this n have time." 	Fluticasone in the morning. norning because I didn't ny meds (medications)." run out of meds."				
	Interview on 8/14/24 - Unaware the Flutica	with Staff #7 revealed:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		MHL0601476	B. WING		08	K /16/2024
AME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
ARM PO	ND GROUP HOME		RM POND LANE OTTE, NC 28212			
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V 119	Continued From pag	e 4	V 119			
	- Did not see any oth where Client #2's me	er Fluticasone in the closet edication was stored.				
	Interview on 8/16/24 Administrator reveale	ed:				
	- Staff #7 found the new bottle of Fluticasone for Client #2 in the closet.					

ZE4W11