

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-812</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAINBOW OF SUNSHINE 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>307 CEDARWOOD STREET</b> <b>SPRING LAKE, NC 28390</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 17, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to obtain drug regimen reviews for 3 of 3 audited clients (#1, #2 and #4) who received psychotropic medications. The findings are:</p> <p>Finding #1</p>	V 121		

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

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V 121	<p>Continued From page 1</p> <p>Review on 9/17/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 9/30/13.</li> <li>- Diagnoses of Bipolar; Depression; Type 2 Diabetes; Hypertension; Hypothyroidism; Urinary Incontinence.</li> <li>- No drug regimen review documented in the past 6 months.</li> </ul> <p>Review on 9/17/24 of client #1's current drug regimen revealed:</p> <ul style="list-style-type: none"> <li>- Lorazepam 0.5mg (milligram) 1 two times daily (anxiety).</li> <li>- Quetiapine ER (extended release) 400mg 2 at every evening (bipolar).</li> <li>- Trazodone 50mg 4 at bedtime (insomnia).</li> <li>- Hydroxyzine 50mg 1 two times daily (Anxiety).</li> </ul> <p>Finding #2</p> <p>Review on 9/17/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 3/13/14.</li> <li>-Diagnoses of Down Syndrome; Moderate Intellectual Disability; Major Depression; Anxiety; Astigmatism.</li> <li>-No drug regimen review documented in the past 6 months.</li> </ul> <p>Review on 9/17/24 of client #2's current drug regimen revealed:</p> <ul style="list-style-type: none"> <li>- Sertraline Hydrochloride (HCL) Oral Solution 20mg 5.5 ml in the morning (Depression)</li> <li>- Trazodone 20mg 1ml at bedtime (Insomnia)</li> <li>- Cetirizine 10mg 1 daily (Anxiety).</li> </ul> <p>Finding #3</p> <p>Review on 9/17/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 5/13/19.</li> <li>- Diagnoses of Mild Intellectual Disability; Mild Neurocognitive Disorder; Social Communication Disorder- Cyclothymic Disorder.</li> </ul>	V 121		

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V 121	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- No drug regimen review documented in the past 6 months.</li> </ul> <p>Review on 9/17/24 of client #4's current drug regimen revealed:</p> <ul style="list-style-type: none"> <li>- Clonidine HCL 0.2mg 1 two times daily (ADHD).</li> <li>- Divalproex ER 500mg 1 every morning and 2 at bedtime (Bipolar).</li> <li>- Propranolol 20mg 1 three times daily (Anxiety).</li> <li>- Qelbree 150mg 2 daily (ADHD)</li> <li>- Fanapt 10mg 1 two times daily (Bipolar).</li> </ul> <p>During interview 9/17/24 the Director/Owner stated:</p> <ul style="list-style-type: none"> <li>- The facility had switched pharmacies about 5 months ago.</li> <li>- The previous pharmacy lost its license.</li> <li>- She would ensure pharmacy reviews were completed.</li> </ul>	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 9/17/24 8/23/24 at between 3:00pm- 3:30pm during a tour of the facility revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 and #2's bathroom had a 3 bulb light fixture with 1 not working; there were several</li> </ul>	V 736		

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V 736	<p>Continued From page 3</p> <p>white plastered areas of varying sizes on the closet walls, some were soft to the touch and not completely repaired; the wall/wallpaper had ripples in it beside the bathroom door.</p> <ul style="list-style-type: none"> <li>- The stove light in the hood was out.</li> <li>- Client #4 had a hole in the wall behind the door that was approximately 3 inches in size; the bedroom and bathroom had debris particles throughout the floor; articles of clothing were behind the dresser.</li> </ul> <p>Interview on 9/17/24 the Qualified Professional stated;</p> <ul style="list-style-type: none"> <li>- He did not know about the hole in client #4's wall.</li> <li>- The ripples in the wall were caused by a water leak.</li> </ul> <p>Interview on 9/17/24 the Director/Owner stated the roof has since been repaired and acknowledged the facility was required to be maintained in a safe, clean and attractive manner.</p>	V 736		