Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-284	A. BUILDING: _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURNING POINT WOMEN'S FACILITY	222 GUTHRIE STREET GRAHAM, NC 27253

(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	INITIAL COMMENTS An annual survey was completed on October 22, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is for six and has a current census of six. The survey sample consisted of audits of three current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	RECEIVED BY MHL & C 11/15/24	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
John M. Dowd	Executive Director	11-15-24

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are: Review on 10/16/24 of the facility fire and disaster drill long from September 2024 thru October 2023 revealed: -Shifts for the drills were 1st shift 7am-2:59pm, 2nd shift 3pm-10:59pm and 3rd shift 11pm-6:59am. -There was no fire drills conducted for the 3rd quarter (July, August, September) of 2024. -There was no disaster drill conducted for the 4th quarter (July, August and September) of 2023 for 1st and 3rd shift. Interview on 10/17/24 with client #4 revealed: -They had fire and disaster drills. -The drills were done once a month. Interview on 10/17/24 with client #5 revealed: -Had drills once a month. -"Staff will say fire, fire and we go outside." Interview on 10/16/24 with staff #1 revealed: -She took the notebook home to reorganize. -The fire and disaster drill notebook typically remains in the facility. -She was dealing with a family matter and took the notebook with her to finish organizing the documents. Interview on 10/16/24 with the Program Director/Qualified Professional revealed: -Staff #1 had the fire and disaster drill's notebook. -She was reorganizing the notebook. -Staff #1 stated all fire and drills completed for 2023 and 2024 were in the notebook.	V 114	The Qualified Professional will review documentation each quarter to ensure that the facility complete fire and disaster drills for each shift. The QP will complete a checklist to confirm that a review of the drills are done for each shift. Drill Log will remain at the facility at all times. Any drills that are missing during the review will be completed by the Paraprofessional on duty. Once the review is complete the checklist will be turned in to the Program Director to review.	11/18/24

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V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure medications were labeled and packaged as	V 117	The Qualified Professional will review all medications received from the pharmacy each week. The QP will ensure that all medication is labeled and packaged correctly for each client. Any discrepancies will be reported to the pharmacy on the day of the review for correction.	11/18/24

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V 117	Continued From page 3 required for two of three audited clients (client #1 and client #3). The findings are: Review on 10/16/24 of client #1's record revealed: -Admitted on 10/11/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Attention Deficit Hyperactivity Disorder, Schizoaffective Disorder-Bipolar Type, Impulse Control and Conduct Disorder. -FL 2 dated 7/31/24 for cranberry 250 milligrams (mg) (reduce bladder infections), take 1 capsule three times a day and for omeprazole 20mg (acid reflux), take 1 capsule once daily 30 minutes before morning meal. Review on 10/16/24 of client #3's record revealed: -Admitted on 12/12/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Schizophrenia, Diabetes Type 2, Hyperlipidemia, Anemia and gastroesophageal reflux disease (GERD). -FL 2 dated 12/14/23 for cranberry 200mg (reduce bladder infections), take 2 capsules 3 times a day. -FL 2 dated 12/14/23 for omeprazole 20mg (acid reflux), take 1 capsule every morning. Observation on 10/17/24 at approximately 12:35pm of client #1's medication one cranberry capsule and one omeprazole pill were unpackaged and unlabeled in client #1's medication bin located in the drawer of the medication file cabinet. Upon comparing the loose pills, the cranberry capsule and omeprazole pill were identical in appearance to medication in the blister pack. No pharmacy label with the client's name, the prescriber's name, the current	V 117	Creative Directions had staff attend a mandatory Medication Administration training on November 1st at 6pm. This training was to ensure all staff was trained on the complete process of administering medication. Also, an additional Medication Administration refresher training will be done on Nov 21st for staff. The Qualified Professional will complete weekly reviews to ensure that all medications received from the pharmacy is labeled and packaged as required for all clients. Any discrepancies regarding pharmacy labeling and packaging will be reported to the Pharmacy and to the Program Director during that week Medication Review. Also, during the weekly review the QP will ensure that there are no loose pills in the client medication bin or improper packaging.	11/13/24

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V 117	Continued From page 4 dispensing date; the name, strength, quantity and expiration date of the prescribed drug; the name, address, and phone number of the pharmacy; and the name of the dispensing practitioner. Observation on 10/17/24 at approximately 1:25pm of client #3's medications one cranberry capsule and one omeprazole pill were unpackaged and unlabeled in client #3's medication bin located in the drawer of the medication file cabinet. Upon comparing the loose pills, the cranberry capsule and omeprazole pill were identical in appearance to medication in the blister pack. was able to No pharmacy label with the client's name, the prescriber's name, the current dispensing date; the name, strength, quantity and expiration date of the prescribed drug; the name, address, and phone number of the pharmacy; and the name of the dispensing practitioner. Interview on 10/17/24 with staff #1 revealed: -She was not sure why the loose pills were in the medication bin. -She could not remember the name of the pills. -She knew that some of the clients took the same pills. Interview on 10/17/24 with staff #3 revealed: -She did not recall seeing any loose pills in the medication bins for any of the clients. Interview on 10/17/24 with the Program Director/Qualified Professional revealed: -"There should not have been no loose pills in the medication cabinet." -She was not able to identify who the medication belonged to. -"Not sure why there were any loose pills in the medication cabinet."	V 117		

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V 117	Continued From page 5 This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 6 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to keep MARs current, failed to ensure medications were available for administration affecting one of three audited clients (client #1) and failed to ensure medications were administered by a licensed person trained by a registered nurse, pharmacist or other legally qualified person privileged to prepare and administer medications affecting one of four audited staff (staff #2). The findings are: Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V 117) Based on observation, record reviews and interviews, the facility failed to ensure medications were labeled and packaged as required for two of three audited clients (client #1 and client #3). Cross Reference: 10A NCAC 27G .0209 Medications Requirements (V 119) Based on observations, record reviews and interviews, the facility failed to dispose of excessive medications affecting three of three audited clients (client #1, client #2, and client #3) and failed to dispose of expired medication affecting one of three audited clients (client #3). Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V 120) Based on observations, record reviews and interviews, the facility failed to ensure medications were stored separately for external	V 118	The Qualified Professional will review MARs weekly to ensure the MAR is current with staff signature, medication is available for administration and that medication is administered by a legally qualified staff member who is trained and prepared to administer medication. Also, the QP will ensure that proper labeling and packaging for each client is correct. The Qualified Professional will work with the Pharmacy and Dr. to correct any issues within 24 to 48hrs depending on the issue. Any discrepancies and eta on resolution will also be communicated to the Program Director during this time.	11/13/24

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V 118	Continued From page 7 and internal use affecting one of three audited clients (client #1). The following is evidence the facility failed to ensure MARs were kept current and the facility failed to have medications available to administer as ordered by the physician. Review on 10/17/24 of the MARs from August 1, 2024 thru October 17, 2024 for client #1 revealed: -Gemtesa 75mg (overactive bladder), take one tablet once daily. -Trazodone 50mg (sleep aid), take one tablet every night at bedtime. -Benzoyl Peroxide Gel 5% (acne), apply to affected area topically twice daily. -Staff initialed daily for these medications that were not available for administration. Review on 10/17/24 of the MARs from August 1, 2024 thru October 17, 2024 for client #2 revealed: -Epinephrine 0.3mg (allergic reaction), administer 0.3ml intramuscularly one time. Observation on 10/17/24 at approximately 2:47pm during a speaker phone call between the Program Director/Qualified Professional (PD/QP) and the pharmacy technician revealed: -The pharmacy technician stated client #1's prescription for Gemtesa 75mg was never filled as was not approved by the insurance. -The pharmacy technician stated client #1's prescription for Trazodone 50mg was filled on 10/9/24. -The pharmacy technician stated client #1's prescription for Benzoyl Peroxide Gel 5% was filled on 10/2/24. -The pharmacy technician stated client #2's Epi-pen was in stock and will be delivered to the facility this evening.	V 118		

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V 118	Continued From page 8 Interview on 10/16/24 with client #1 revealed: -She takes medications in the morning and at night. -She couldn't recall the name of her medication (Trazodone) taken at night. -She didn't like using Benzoyl Peroxide Gel on her face. Interview on 10/17/24 with staff #1 revealed: -Client #1 she believed had refused to use the gel. -She thought she remembered seeing the Trazodone with client #1's medication. -"I was told by the previous Qualified Professional (QP) to keep signing for the medication on the MAR until we have a DC (discontinued) order." Interview on 10/17/24 with staff #2 revealed: -She did not recall seeing the Benzoyl Peroxide Gel for client #1. -"I never touched the pills, I just signed off in the book (MAR)." -She never administered any medications. Interview on 10/17/24 and 10/2124 with the Program Director/Qualified Professional (PD/QP) revealed: -She was informed client #1 had a 6-week sample of the Gemtesa that was given by the physician. -She spoke with pharmacy technician that client #1 would need to have a follow up appointment with provider regarding the Gemtesa in order to get it filled. -The prescription for Trazodone had been discontinued as of July 2024. -The prescription for Benzoyl Peroxide Gel had been discontinued as of March 2024. -"Staff should not have been signing off for	V 118		

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V 118	Continued From page 9 medication not being administered." The following is evidence the facility failed to ensure a staff was trained in medication administration. Review on 10/17/24 of staff #1's personnel record revealed: -Date of hire was 7/9/23. -Hired as a Lead Professional. -Medication administration training was completed on 7/2/24. Review on 10/17/24 of staff #2's personnel record revealed: -Date of hire was 9/26/24. -Hired as a Lead Paraprofessional. -There was no record of medication administration training. Review on 10/17/24 of the MARs for client #1, client #2 and client #3 from August 1, 2024 thru October 17, 2024 revealed: -Staff #2 signed for administration of medication the dates of 10/8, 10/11 and 10/12. -Staff #2 signed for administration of medication for all clients in the facility. Interview on 10/17/24 with staff #2 revealed: -She was scheduled to attend medication administration training today, (10/17/24) and arrived late for the class. -She was not permitted to take the class, and her medication administration training had to be rescheduled. -"I did not know I wasn't supposed to sign the book (MAR) until [Staff #1] told me." -"I was trying to be a team player and sign off on the book (MAR) and other staff give the pills." -She stated she never administered medication.	V 118		

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V 118	Continued From page 10 -"I never popped the pills, I just signed the book." -She always worked with another staff that administered medication. Interview on 10/17/24 with the PD/QP revealed: -Only staff with medication administration training administer medication to clients. -Staff #2 was scheduled to attend medication administration training today. -She was not aware that staff #2 had initialed for administering medication for three separate days on the MAR in the month of October. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. Review on 10/22/24 of a Plan of Protection written by the Program Director/Qualified Professional dated 10/22/24 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? V117- All medications will be properly packaged. No loose medications or improper packaging will be allowed. Staff will be trained on the plan. V118- We all appointments on the calendar of the facility and/or office. Our administrative assistant calls and reminds everyone ie. Paraprofessionals about the appointments one day prior and the day of the appointment to ensure the clients attend the appointment. We will train all staff on medication administration online training with [electronic training system] on November 7, 2024. Only trained staff will administer medication. V119- All unused or discontinued meds will be taken to the Pharmacy for disposal immediately. V120- All meds will be stored in separate containers. Internal and external medications will be stored separately in a locked storage cabinet	V 118		

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V 118	Continued From page 11 that is inside a locked closet. Describe your plans to make sure the above happens. V117- We plan on training staff on the immediately. V118- We will have lead paraprofessionals send all appointments each day via email to our office administrative assistant. V119- We will train all staff on the and implement immediately. V120- We will store all medications properly and assure all staff know. Clients at the facility had diagnoses of Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Schizoaffective Disorder, Impulse Control and Conduct Disorder, Diabetes Type 2, Hyperlipidemia, Anemia and gastroesophageal reflux disease. Client #1 MAR had Gemtesa 75mg, Trazodone 50mg and Benzoyl Peroxide Gel 5% medications were not available for administration. Staff #1, staff #2 and staff #3 signed off on MARs for medications not available to client #1. Staff #1, staff #2 and staff #3 also signed off on the MARs for all doses administered to all clients in the facility, but the above medication was not onsite to be administered. Staff #1 had signed off on the MARs for 28 days in September and October. Staff #2 signed for medications that were administered by another staff working the shift. Staff #3 had signed off on the MARs for 4 days in October. Medication was administered by staff #2 who was untrained in medication administration. Staff #2 had not received medication training but had signed off on the MARs for medications for all clients for 3 days in the month of October. There were two pills laying loose for client #1 and two pills laying loose for client #3 in their medication bin. The medications were not labeled and not packaged. The facility had a stockpile of excess medications that was not	V 118	Creative Directions had staff attend a mandatory Medication Administration training on November 1st at 6pm. This training was to ensure all staff was trained on the complete process of administering medication. Also, an additional Medication Administration refresher training will be done on Nov 21st for staff.	11/13/24

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V 118	Continued From page 12 disposed of. Client #3 had an Epi-Pen that expired on 6/2024 that was not disposed of. The facility two clients' external and internal medications stored together and not separately. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (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. 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. (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. (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.	V 119		

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TURNING POINT WOMEN'S FACILITY	222 GUTHRIE STREET GRAHAM, NC 27253

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V 119	Continued From page 13 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to dispose of excessive medications affecting three of three audited clients (client #1, client #2, and client #3) and failed to dispose of expired medication affecting one of three audited clients (client #3). The findings are: Review on 10/16/24 of client #1's record revealed: -Admitted on 10/11/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Attention Deficit Hyperactivity Disorder, Schizoaffective Disorder-Bipolar Type, Impulse Control and Conduct Disorder. -FL 2 dated 7/31/24 with the following: -Docusate Sodium (SOD) 100mg (milligrams) (constipation) take 1 capsule twice daily. -Lamotrigine 200mg (epilepsy), take ½ tablet twice daily. -Omeprazole 20mg (acid reflux), take 1 capsule once daily 30 minutes before morning meal. -Tab-A-Vite Iron (supplement), take 1 tablet once daily. -Oxcarbazepine 300mg (epilepsy), take 3 tablets twice daily. -Risperidone 2mg (schizophrenia), take 1 tablet 3 times a day. -Prazosin HCL 1mg (hypertension), take 3 capsules every night at bedtime. -Sudogest 30mg (congestion), take 2 tablets	V 119	The Qualified Professional and Staff completed Medication Return forms of all excess medications. Once forms were completed the Forms and all excess medication were returned to the local pharmacy used to have disposed of. The Qualified Professional will complete weekly reviews for any excess medications, complete medication return form and return everything to pharmacy on the day of the review.	10/18/24

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V 119	Continued From page 14 every 6 hours as needed. Observation at approximately 12:31pm on 10/17/24 of client #1's medications in the bin revealed these extra medications: -A blister pack dated 9/11/24 for Docusate SOD 100mg (constipation) that contained 20 pills. -A blister pack dated 9/11/24 for Lamotrigine 200mg (epilepsy) that contained 7 pills. -A blister pack dated 9/11/24 Omeprazole 20mg (acid reflux) that contained 9 pills. -A blister pack dated 9/11/24 for Tab-A-Vite Iron (supplement) that contained 11 pills. -A blister pack dated 9/11/24 for Oxcarbazepine 300mg (epilepsy) that contained 21 pills. -A blister pack dated 9/11/24 for Risperidone 2mg (schizophrenia) that contained 6 pills. -Blister pack dated 9/11/24 for Prazosin HCL 1mg (hypertension) that contained 9 pills. -Blister pack dated 9/11/24 for Sudogest 30mg (congestion) that contained 14 pills. Review on 10/16/24 of client #2's record revealed: -Admitted on 7/18/24. -Diagnoses of Intellectual Developmental Disorder-Moderate and Schizoaffective Disorder. -FL 2 dated 7/18/24 with the following: -Aspirin Low Tab 81mg (heart attack prevention), take 1 tablet once daily. -Docusate 100mg (constipation), take 1 capsule once daily. -Vitamin D3 50mcg (microgram) (immune support), take 1 tablet once daily. -Trazodone 50mg (sleep aid), take 1 tablet every night at bedtime. Observation at approximately 12:54pm on 10/17/24 of client #2's medication bin revealed:	V 119		

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V 119	Continued From page 15 -A blister pack dated 9/11/24 for Aspirin Low Tab 81mg (heart attack prevention) that contained 8 pills. -A blister pack dated 9/11/24 for Docusate 100mg (constipation) that contained 8 pills. -A blister pack dated 9/11/24 for Vitamin D3 50 mcg (immune support) that contained 8 pills. -A blister pack dated 9/11/24 for Trazodone 50mg (antidepressant) that contained 9 pills. Review on 10/16/24 of client #3's record revealed: -Admitted on 12/12/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Schizophrenia, Diabetes Type 2, Hyperlipidemia, Anemia and gastroesophageal reflux disease (GERD). -FL 2 dated 12/14/23 with the following: -Depakote 500mg (psychiatric conditions), take 2 tablets every night at bedtime. -Atorvastatin 80mg (cholesterol), take 1 tablet every morning. -Clonidine 0.1mg (high blood pressure), take 1 tablet once daily. -Cranberry 200mg (reduce bladder infections), take 2 capsules 3 times a day. -Hydroxyz HCL 50mg (anxiety), take 1 tablet 3 times a day. -Haloperidol 10mg (schizophrenia), take 1 tablet twice daily. -Omeprazole 20mg (GERD), take 1 capsule every morning. -Ferrous Fum 324mg (anemia), take 1 tablet every morning. -Invega 9mg (schizophrenia), take 1 tablet every morning. -Benztropine 1mg (muscle control), take 1 tablet twice daily. Observation at approximately 1:25pm on	V 119		

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V 119	Continued From page 16 10/17/24 of client #3's medication bin revealed: -Two blister packs for Depakote 500mg (psychiatric conditions); one dated 9/11/24 that contained 19 pills, and another blister pack dated 7/10/24 that contained 33 pills. -A blister pack dated 9/11/24 for Atorvastatin 80mg (cholesterol) that contained 15 pills. -A blister pack dated 9/11/24 for Clonidine 0.1mg (high blood pressure) that contained 34 pills -A blister pack dated 9/11/24 for Cranberry 200mg (reduce bladder infections) that contained 16 pills. -A blister pack dated 9/11/24 for Hydroxyz HCL (anxiety) 50mg that contained 13 pills. -A blister pack dated 9/11/24 for Haloperidol 10mg (schizophrenia) that contained 51 pills. -Two blister packs for Omeprazole 20mg (GERD); one dated 9/11/24 that contained 4 pills, and another blister pack dated 7/10/24 that contained 15 pills. -A blister pack dated 9/11/24 for Ferrous Fum 324mg (anemia) that contained 22 pills. -A blister pack dated 9/11/24 for Invega 9mg (schizophrenia) that contained 5 pills. -A blister pack dated 9/11/24 for Benztropine 1mg (muscle control) that contained 10 pills. Interview on 10/17/24 with the Program Director/Qualified Professional (PD/QP) revealed: -Medications were delivered directly to the facility by the pharmacy. -She was not aware of the "excessive amounts" of medications in the cabinets for all the clients. -Unused medications should be returned back to the pharmacy within 10 days from the arrival of each monthly batch. -The former QP was responsible for the disposal process for unused medication in the facility.	V 119		

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V 119	Continued From page 17 The following is evidence of expired medication that was not disposed of. Observation on 10/17/24 at approximately 1:25pm of client #3's medication revealed the following medication was expired: -Epinephrine Inj 0.3mg (Epi-Pen), administer 0.3ml intramuscularly one time expired on 6/2024. Interview on 10/17/24 with the PD/QP revealed: -The former QP was responsible for ensuring medications were not expired. -She will make contact with the pharmacy to obtain a new Epi-Pen. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 119	The Qualified Professional and staff reached out to the local pharmacy regarding the new Epi-Pen and it was delivered that same day. The Qualified Professional will monitoring all medications each week to ensure no medications are missing, expired or unproperly labeled/packaged. If any issues found it should be corrected and reported to the Program Director on that review date.	10/17/24
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate.	V 120		

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V 120	Continued From page 18 (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were stored separately for external and internal use affecting one of three audited clients (client #1). The findings are: Review on 10/16/24 of client #1's record revealed: -Admitted on 10/11/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Attention Deficit Hyperactivity Disorder, Schizoaffective Disorder-Bipolar Type, Impulse Control and Conduct Disorder. -FL 2 dated 7/31/24 listed the following prescribed medications: -Tab a Vite Iron (supplement); take 1 tablet daily. -Levonorg -0.1mg (birth control); take 1 tablet once daily. -Omeprazole 20mg (acid reflux); take 1 capsule once daily 30 minutes before morning meal. -Miralax Powder (constipation); mix 17 grams in 8 ounces of liquid and take once daily. -Gemtesa 75mg (overactive bladder); take 1 tablet once daily. -Loreev 1.5mg (anxiety); take 1 capsule every morning.	V 120	Extra bins were purchased and all Medications are now stored separately for external and internal medications for all clients residing in the facility. The Qualified Professional will check the storage closet each week to ensure medications are stored correctly, If there are any discrepancies found they will be reported to the Program Director and issues corrected that same day.	10/18/24

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V 120	Continued From page 19 -Docusate Sodium 100mg (constipation); take 1 capsule twice daily. -Saphris 2.5mg (schizophrenia); take 1 tablet twice daily. -Lamotrigine 200mg (epilepsy); take ½ tablet twice daily. -Oxcarbazepine 300mg (epilepsy); take 3 tablets twice daily. -Benztropine 2mg (muscle control); take 1 tablet twice daily. -Trazodone 50mg (sleep aid); take 1 tablet every night at bedtime. -Prazosin 1mg (hypertension); take 3 capsules every night at bedtime. -Cranberry 250mg (reduce bladder infections); take 1 capsule three times a day. -Risperidone 2mg (schizophrenia); take 1 tablet three times a day. -Hydrocortisone Cream (skin irritation); apply topically twice daily. -Benzoyl Peroxide Gel 5% (acne); apply to affected area topically twice daily. Observation on 10/17/24 at approximately 12:31pm of client #1's medication bin revealed: -Internal medications and external medications were stored together in the same bin. -The external cream in the bin was Hydrocortisone Cream. Review on 10/16/24 of client #3's record revealed: -Admitted on 12/12/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Schizophrenia, Diabetes Type 2, Hyperlipidemia, Anemia and gastroesophageal reflux disease (GERD). -FL 2 dated 12/14/23 with the following: -Depakote 500mg (psychiatric conditions), take 2 tablets every night at bedtime.	V 120		

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V 120	Continued From page 20 -Atorvastatin 80mg (cholesterol), take 1 tablet every morning. -Clonidine 0.1mg (high blood pressure), take 1 tablet once daily. -Cranberry 200mg (reduce bladder infections), take 2 capsules 3 times a day. -Hydroxyz HCL 50mg (anxiety), take 1 tablet 3 times a day. -Haloperidol 10mg (schizophrenia), take 1 tablet twice daily. -Omeprazole 20mg (GERD), take 1 capsule every morning. -Ferrous Fum 324mg (anemia), take 1 tablet every morning. -Invega 9mg (schizophrenia), take 1 tablet every morning. -Benztropine 1mg (muscle control), take 1 tablet twice daily. -Fluticasone 50 microgram (allergy), place 2 sprays into each nostril every morning. -Epinephrine Inj. 0.3mg (Epi-Pen), administer 0.3ml intramuscularly one time. Observation on 10/17/24 at approximately 1:25pm of client #3's medication bin revealed: -Internal medications and external medications were stored together in the same bin. -The Fluticasone and Epinephrine were in the same bin with the blister packs of pills. Interview on 10/17/24 with staff #1 revealed: -She had created a system that separated the creams and nasal spray from the pills. -She purchased additional bins to place on the shelf in the medication closet. -The bins on the shelf would be labeled for each client's external medications. -"Staff mixed up the creams and pills for all the clients."	V 120		

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V 120	Continued From page 21 Interview on 10/17/24 with the Program Director/Qualified Professional (PD/QP) revealed: -Internal medications and external creams were to be separated for all clients. -Staff #1 had created a system to keep medications and creams separate for all clients. -She was not sure why the medication cabinet was not organized. This deficiency is cross referenced into 10A NCAC .0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.	V 120	Medications are now stored separately for external and internal medications for all clients residing in the facility. The Qualified Professional will check the storage closet each week to ensure medications are stored correctly, If there are any discrepancies found they will be reported to the Program Director and issues corrected that same day	10/18/24
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's	V 291		

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V 291	Continued From page 22 progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting one of three audited clients (client #1). The findings are: Review on 10/16/24 of client #1's record revealed: -Admitted on 10/11/23. -Diagnoses of Intellectual Developmental Disability- Moderate, Attention Deficit Hyperactivity Disorder, Schizoaffective Disorder-Bipolar Type, Impulse Control and Conduct Disorder. -A copy of the electronic prescription dated 8/26/24 for Gemtesa 75 milligram, take one tablet once daily. -A letter from the medical provider stated a follow up appointment was scheduled for 10/14/24. Interview on 10/17/24 with client #1 revealed: -She took medications given to her by staff. -She could not recall taking medication to help with her overactive bladder. -She could not tell a difference in feeling better from taking the Gemtesa medication.	V 291	The facility will ensure service coordination is maintained with other professionals responsible for client's treatment. Staff reached out the the medical provider regarding a follow up appointment scheduled for 10/14/2024 to reschedule. That appointment for 10/14/2024 has been rescheduled Also, the Office Administrator will contact the women's facility the day before to remind staff of any upcoming appointments. Also, another reminder will be done the day of the appointment.	11/13/2024

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V 291	Continued From page 23 Interview on 10/21/24 with the Program Director/Qualified Professional revealed: -The medication (6-week sample) was given by the physician's office. -Client #1 expressed to staff she felt better after taking the 6-week sample. -The scheduled follow-up appointment should have been completed by the Lead Staff. -The Lead Staff was to share the date of the appointment with administrative staff to place on the calendar of appointments for clients in the home. -She was not aware of the follow up appointment to ensure client #1 attended the appointment.	V 291		