Division of Health Service Regulation

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|---|---------------------|---|-------------------------------|
| AND FLAN | OF CORRECTION | IDENTIFICATION NOWIBER. | A. BUILDING: _ | | COMPLETED |
| | | MHL075-025 | B. WING | | 11/26/2024 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | |
| THE LIGH | THOUSE | | A INN LANE | | |
| | | TRYON, N | C 28782 | | |
| (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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| V 000 | INITIAL COMMENTS | | V 000 | | |
| | | up survey was completed 24. Deficiencies were cited. | | | |
| | category: 10A NCAC | d for the following service 27G .5600C Supervised Developmental Disabilities. | | | |
| | The facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients. | | | | |
| V 118 | 27G .0209 (C) Medica | ation Requirements | V 118 | | |
| | 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 administering the drug. | | | | |

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

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | | |
|---|---|---|---------------------|---|-------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED | |
| | | | | | | |
| | | MHL075-025 | B. WING | | 11/26/2024 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ODRESS, CITY, STA | TE, ZIP CODE | | |
| THE LIGH | THOUSE | 85 MIMO | SA INN LANE | | | |
| | | TRYON, | NC 28782 | | | |
| (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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE | |
| V 118 | Continued From page | ÷ 1 | V 118 | | | |
| | (5) Client requests for checks shall be recor | medication changes or ded and kept with the MAR pointment or consultation | | | | |
| | current affecting three (Clients #1, #2 and #3 Review on 11/26/24 or revealed: -admitted on 1/1/12diagnoses of Trauma Intellectual Developm Seizure Disorder, Chi Disease, Gastroesoph Hypertension (HTN), Heart Disease, Psych Hyperlipidemia8/15/24 physician's of Calcium 500 Vitamin Disease) - 1 tablet 2 to Divalproex Sodium Estates | an, record review, and ailed to keep the MARs of three audited clients. B. The findings are: If Client #1's record Atic Brain Injury, Moderate dental Disability, Dementia, ronic Obstructive Pulmonary thageal Reflux Disease, Diverticulosis, Congenital actic Disorder, and Orders included: D3 (Congenital Heart | | | | |
| | tablet a day. Vimpat 150 (Seizure times a day. | tal Heart Disease) 20 mg - 1 Disorder) mg - 1 tablet 2 //24 at 10:18 a.m. of Client ealed: | | | | |

Division of Health Service Regulation

STATE FORM 6899 N1TS11 If continuation sheet 2 of 7

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | | |
|--|---|--|---------------------|---|------------------|------------------------|--|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED | | |
| | | | D. WING | | | | |
| | | MHL075-025 | B. WING | | 11/26/202 | 24 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | | | |
| THE LIGH | THOUSE | | A INN LANE | | | | |
| | | TRYON, N | C 28782 | | | | |
| (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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COM | (X5) MPLETE DATE | |
| V 118 | Continued From page | e 2 | V 118 | | | | |
| | -Divalproex Sodium E 1 tablet 2 times a day -Simvastatin 20 mgVimpat 150 mg - 1 ta Review on 11/25/24 c 9/1/24 through 11/24/ -Calcium 500 Vitamin no initials to indicate a 8:00 p.mDivalproex Sodium E 1 tablet 2 times a day p.mSimvastatin 20 mg - 11/20/24 at 8:00 p.mVimpat 150 mg - 1 ta | 1 tablet a day. ablet 2 times a day. of Client #1's MARs from /24 revealed: n D3 - 1 tablet 2 times a day - administration on 11/9/24 at Extended Release 500 mg - /- no initials 11/9/24 at 8:00 | | | | | |
| | Syndrome, Bipolar Di Disorder, Diverticulos Syndrome, Unspecific Cerebellar Ataxia, and -8/23/24 physician's of Lamotrigine (Bipolar I in a.m. and 2 tablets of Prazosin (HTN) 2 mg Trazodone (Anxiety Data HS. Ziprasidone HCL (hyd Disorder) 80 mg - 1 cm | line Functioning, Asperger's isorder, HTN, Anxiety sis, Irritable Bowel ed Pervasive Disorder, d Mixed Hyperlipidemia. orders included: Disorder) 100 mg - 1/2 tablet at bedtime (HS). - 1 capsule at HS. Disorder) 50 mg - 1/2 tablet drochloric acid) (Bipolar sapsule at HS. | | | | | |

Division of Health Service Regulation

-Lamotrigine 100 mg - 1/2 tablet in a.m. and 2

STATE FORM 6899 N1TS11 If continuation sheet 3 of 7

| Division of Health Service Regulation | | | | | | | |
|---------------------------------------|--|---|-------------------------|---|-------|--------------------------|--|
| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | | | JRVEY TED | |
| | | MHL075-025 | B. WING | | 11/26 | 6/2024 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STAT | TE, ZIP CODE | | | |
| THE LIGH | THOUSE | | SA INN LANE NC 28782 | | | | |
| (X4) ID PREFIX TAG | | | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) |) BE | (X5) COMPLETE DATE | |
| V 118 | tablets at HSPrazosin 2 mg - 1 ca -Trazodone 50 mg - 1 -Ziprasidone HCL 80 Review on 11/25/24 of 9/1/24 through 11/24/ -Lamotrigine 100 mg on 11/5/24, 11/23/24 at -Prazosin 2 mg - 1 ca 11/23/24 at 8:00 p.mTrazodone 50 mg - 1 on 11/23/24 at 8:00 p -Ziprasidone HCL 80 initials on 11/23/24 at revealed: -admitted on 11/8/14diagnoses of Borderl Autistic Disorder, Hist Seborrheic Dermatitis -8/22/24 physician's of Buspirone HCL (Autistablet 2 times a day. Celecoxib (Seborrheic capsule 2 times a day. Lamotrigine 100 mg - Ziprasidone HCL 60 r day. Gabapentin (Seborrheic capsule 2 times a day. Fluoxetine HCL (Autistapsule 2 times a day. Fluoxetine HCL (Autistapsule 2 times a day. Fluoxetine HCL (Autistapsule 3 times a day. Fluoxetine HCL (Autistapsules at HS. | psule at HS. /2 tablet at HS. mg - 1 capsule at HS. of Client #2's MARs from 24 revealed: - 2 tablets at HS - no initials and 11/24/24 at 8:00 p.m. psule at HS - no initials on . /2 tablet at HS - no initials .m. mg - 1 capsule at HS - no 8:00 p.m. of Client #3's record ine Intellectual Functioning, tory of Testicular Cancer, s, HTN and Hyperlipidemia. orders included: stic Disorder) 7.5 mg - 1 c Dermatitis) 100 mg - 1 | V 118 | DEL KOLENOTY | | | |

Division of Health Service Regulation

#3's medications revealed:

-Buspirone HCL 7.5 mg - 1 tablet 2 times a day. -Celecoxib 100 mg - 1 capsule 2 times a day. -Lamotrigine 100 mg - 1 tablet 2 times a day.

STATE FORM 6899 N1TS11 If continuation sheet 4 of 7

Division of Health Service Regulation

| MHL075-025 MHL075-025 MHL075-025 MHL075-025 MHL075-025 MHMOSA INN LANE TRYON, NC 28782 SAMMARY SYSTEMENT OF DESCRIPTION | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|----------------------------|---|-------------------------------|----------|
| NAME OF PROMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 85 MIMOSA INN LANE TRYON, NC 28782 (A) 10 PRECIX TAG SUMMARY STATEMENT OF DEFICIENCIES BEACH DEFICIENCY MUST BE PRECEDED BY FULL PRECIX TAG CROIL DEFICIENCY MUST BE PRECEDED BY FULL PRECIX TAG CROIL DEFICIENCY MUST BE PRECEDED BY FULL PRECIX TAG CROIL DEFICIENCY MUST BE PRECEDED BY FULL PRECIX TAG CROIL DEFICIENCY OF LS CHEMISTING MERCHANION) V 118 Continued From page 4 Ziprasidone HCL 60 mg - 1 capsule 2 times a day and 2 capsules at HSFluoxetine HCL 20 mg - 3 capsules at HS. Review on 11/25/24 revealed: -Buspirone HCL 7.5 mg - 1 tablet 2 times a dayZiprasidone HCL 60 mg - 1 capsule 2 times a dayZiprasidone HCL 20 mg - 3 capsules at HSReview on 11/25/24 revealed: -Buspirone HCL 20 mg - 1 capsule 2 times a dayZiprasidone HCL 20 mg - 1 capsule 2 times a dayZiprasidone HCL 20 mg - 3 capsules at HSRiboxetine HCL 20 mg - 3 capsules at HSRiboxetine HCL 20 mg - 3 capsules at HSRiboxetine HCL 20 mg - 1 capsule 2 times a day and 2 capsules at HSFluoxetine HCL 20 mg - 3 capsules at HSIntrover on 11/25/24 with Staff #1 revealed: -as Lead Staff, part of her responsibility was to ensure MARs were completed accurately, -noticed blanks occurred most often on the weekendswould talk to the staff, keep a better eye on completion of MARs and notify the Qualified Professional (QP). Interview on 11/26/24 with the QP revealed: -Lead Staff was responsible to ensure all staff members initiated the MARs after medication administrationfelt staff get distracted and forget to initial the MARs, believed all the above medications were administration. Due to the failure to accurately document | | | | A. BUILDING: | | | |
| SSMIMOSA INN LANE TRYON, NC 28782 PROVIDENS PLAN OF CORRECTION (CAPID) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDENS PLAN OF CORRECTION STOCKED TO THE PROPERTY TAG PROVIDENCY MUST SEP PRECEDED BY FILL PROVIDENCY MUST SEP PRECED TO SEP PRECED TO SEP PRECEDED BY FILL PROVIDENCY MUST SEP PRECED TO SEP PRECED TO SEP PRECED TO SEP PRECED TO SEP PROVIDED CROSS SEP PRECED TO SEP PRECED TO SEP PRECED TO SEP PRECED | | | MHL075-025 | B. WING | | 11/2 | 6/2024 |
| TRYON, NC 28782 (CA) D | NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -Ziprasidone HCL 60 mg - 1 capsule 2 times a day and 2 capsules at HSFluoxetine HCL 20 mg - 3 capsules at HS. Review on 11/25/24 of Client #3's MARs from 91/24 through 11/24/24 revealed: -Buspirone HCL 7.5 mg - 1 tablet 2 times a dayCelecoxib 100 mg - 1 capsule 2 times a dayCelecoxib 100 mg - 1 capsule 2 times a dayLamortigine 100 mg - 1 tablet 2 times a dayLamortigine 100 mg - 1 tablet 2 times a dayZiprasidone HCL 60 mg - 1 capsule 2 times a dayZiprasidone HCL 20 mg - 3 capsules 2 times a dayZiprasidone HCL 20 mg - 3 capsules 2 times a dayZiprasidone HCL 20 mg - 3 capsules 2 times a day and 2 capsules at HSFliuoxetine HCL 20 mg - 3 capsules at HSall the above medications had no initials to indicate administration on 11/23/24 at 8:00 p.m. Interview on 11/25/24 with 5taff #1 revealed: -as Lead Staff, part of her responsibility was to ensure MARs were completed accuratelynoticed blanks occurred most often on the weekendswould talk to the staff, keep a better eye on completion of MARs and notify the Qualified Professional (QP). Interview on 11/26/24 with the QP revealed: -Lead Staff was responsible to ensure all staff members initialed the MARs after medication administrationfelt staff get distracted and forget to initial the MARs; believed all the above medications were administered according to physician's orders. Due to the failure to accurately document | THE LIGH | THOUSE | | | | | |
| -Ziprasidone HCL 60 mg - 1 capsule 2 times a day. -Gabapentin 300 mg - 1 capsule 2 times a day and 2 capsules at HS. -Fluoxetine HCL 20 mg - 3 capsules at HS. Review on 11/25/24 of Client #3's MARs from 9/1/24 through 11/24/24 revealed: -Buspirone HCL 7.5 mg - 1 tablet 2 times a day. -Celecoxib 100 mg - 1 capsule 2 times a day. -Lamotrigine 100 mg - 1 capsule 2 times a day. -Ziprasidone HCL 60 mg - 1 capsule 2 times a day. -Ziprasidone HCL 60 mg - 1 capsule 2 times a day. -Gabapentin 300 mg - 1 capsule 2 times a day and 2 capsules at HS. -Fluoxetine HCL 20 mg - 3 capsules at HS. -all the above medications had no initials to indicate administration on 11/23/24 at 8.00 p.m. Interview on 11/25/24 with Staff #1 revealed: -as Lead Staff, part of her responsibility was to ensure MARs were completed accurately. -noticed blanks occurred most often on the weekends. -would talk to the staff, keep a better eye on completion of MARs and notify the Qualified Professional (QP). Interview on 11/26/24 with the QP revealed: -Lead Staff was responsible to ensure all staff members initialed the MARs after medication administration. -felt staff get distracted and forget to initial the MARs; believed all the above medications were administered according to physician's orders. Due to the failure to accurately document | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP |) BE | COMPLETE |
| determined if clients received their medications | V 118 | -Ziprasidone HCL 60 dayGabapentin 300 mg and 2 capsules at HS -Fluoxetine HCL 20 m Review on 11/25/24 of 9/1/24 through 11/24/ -Buspirone HCL 7.5 m -Celecoxib 100 mg -Ziprasidone HCL 60 dayGabapentin 300 mg and 2 capsules at HS -Fluoxetine HCL 20 m -all the above medical indicate administratio Interview on 11/25/24 -as Lead Staff, part of ensure MARs were conoticed blanks occur weekendswould talk to the staff completion of MARs aprofessional (QP). Interview on 11/26/24 -Lead Staff was responsembers initialed the administrationfelt staff get distracted MARs; believed all the administered according Due to the failure to a medication administration. | mg - 1 capsule 2 times a - 1 capsule 2 times a day ng - 3 capsules at HS. of Client #3's MARs from 24 revealed: ng - 1 tablet 2 times a day. 1 capsule 2 times a day 1 tablet 2 times a day 1 tablet 2 times a day mg - 1 capsule 2 times a - 1 capsule 2 times a day ng - 3 capsules at HS. tions had no initials to n on 11/23/24 at 8:00 p.m. with Staff #1 revealed: f her responsibility was to completed accurately. red most often on the of, keep a better eye on and notify the Qualified with the QP revealed: consible to ensure all staff MARs after medication and and forget to initial the e above medications were and to physician's orders. accurately document ation, it could not be | V 118 | | | |

Division of Health Service Regulation

STATE FORM 6899 N1TS11 If continuation sheet 5 of 7

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION (X | | | |
|---|---|---|-------------------------------|--|----------------------------------|--------------------------|
| , | 5. GGT. 1.20 . 10 . 1 | .52.11.1107.111011.110.1132.11. | A. BUILDING: | | | PLETED |
| | | MHL075-025 | B. WING | | 11 | /26/2024 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STAT | E, ZIP CODE | | |
| THE 1 1011 | TUQUOF | 85 MIMO | SA INN LANE | | | |
| THE LIGH | THOUSE | TRYON, | NC 28782 | | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| V 736 | 10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it | EMENTS s grounds shall be | V 736 | | | |
| | manner and shall be l odor. | clean, attractive and orderly kept free from offensive | | | | |
| | This Rule is not met as evidenced by: Based on observation, record review and interview, the facility was not maintained in a safe manner. The findings are: Review on 11/26/24 of Client #2's record revealed: -admitted on 1/1/12diagnoses of Borderline Functioning, Asperger's Syndrome, Bipolar Disorder, HTN, Anxiety Disorder, Diverticulosis, Irritable Bowel Syndrome, Unspecified Pervasive Disorder, Cerebellar Ataxia, and Mixed Hyperlipidemia9/5/24 - assessment "continues to suffer from balance issues" | | | | | |
| | | | | | | |
| | p.m. of the facility rev -a large semi-circle st right side of the hallwicklient bedroomsthe stain was wet to -the bathroom adjace small rug in front of th saturated with waterthe entry way to Clie | ain on the carpet, along the ay, as walked toward the touch. Into Client #3's room had a se shower that was Int #3's room had a se carpet, just inside the extension. It touch. It is along the carpet into his | | | | |

Division of Health Service Regulation

STATE FORM 6899 N1TS11 If continuation sheet 6 of 7

Division of Health Service Regulation

| STATEMEN | OF DEFICIENCIES DE CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | TE SURVEY MPLETED | |
|--------------------------|---|--|---------------------|---|------|--------------------------|--|
| | | MHL075-025 | B. WING | | 11/2 | 6/2024 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | | |
| THE LIGH | THOUSE | | SA INN LANE | | | | |
| TRYON, NC | | | IC 28782 | | | | |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE | |
| V 736 | Continued From page | e 6 | V 736 | | | | |
| | -Client #2's bedroom, had a semi-circle staithe door, on the right the stain was wet to on the perimeter of the semi-circle line, that a some point, but had conclient #2 walked to learn the stain was the lookedClient #2 stated he handle as he lookedClient #2 stated he handle stated handle as he lookedClient #2 stated he handle stated handle as he lookedClient #2 stated he handle stated handle as he lookedClient #2 stated he handle stated handle as he lookedClient #2 stated he handle stated handle | across from the bathroom, in on the carpet, just inside side. Itouch. The wet area was a white appeared to be stained at liried. The property of the stain and was aving to hold onto the door and not noticed the stain. If with Staff #1 revealed: The to Client #4 refusing to pull then he bathed. The water every time after the water every time after the water with the was how the floor got wet. The top from the Department of the property of the | | | | | |

Division of Health Service Regulation

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