

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on December 04, 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 24 and currently has a census of 21. The survey sample consisted of audits of 3 current client.</p>	V 000		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for one of three audited clients (#6 and #7). The findings are:</p> <p>Finding #1 Review on 12/03/24 of client #6's record revealed:</p>	V 123		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 123	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Date of admission: 12/12/11. - Diagnoses of Bilateral subdural hematoma's and partial lobe lobotomy. - No documentation a physician or pharmacist had been notified of refusals/errors from October of 2024 to December of 2024. <p>Review on 12/03/24 of client #6's medication order dated 09/25/24 revealed:</p> <ul style="list-style-type: none"> -Ted hose compression stockings applied every morning and removed at night daily at 8:00 (prevent blood clots/circulation). <p>Review on 12/03/24 of client #6's October 2024 thru December 2024 Medication Administration Records (MAR) revealed:</p> <ul style="list-style-type: none"> -September 20024-Ted Hose refused 09/01/24,09/07/24,09/12/24,09/13/24,09/15/24,09/16/24,09/24/24 and 09/30/24 - October 2024 - Ted Hose refused 10/01/24, 10/11/24, 10/12/24, 10/13/24, 10/14/24, 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/19/24, 10/20/24, 10/21/24, 10/27/24, 10/30/24 and 10/31/24. -November 2024-Ted Hose refused 11/01/24, 11/02/24, 11/03/24, 11/04/24, 11/05/24, 11/06/24, 11/11/24, 11/17/24, 11/19/24, 11/22/24, 11/23/24 and 11/25/24. -December-Ted Hose refused 12/01/24. <p>Finding #2</p> <p>Review on 12/03/24 of client #7's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 11/16/05. - Diagnoses of Dementia, second to head trauma. - No documentation a physician or pharmacist had been notified of refusals/errors for October of 2024 to December of 2024. 	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 123	<p>Continued From page 2</p> <p>Review on 12/03/24 of client #7's medication orders dated 11/25/24 revealed: -Amlodipine Besylate 10 mg (milligrams) tablet daily (angina), Atorvastatin Calcium 20mg tablets at bedtime (cholesterol), Divalproex Sodium 500 mg three times daily (seizures), Fish Oil 1000 mg capsule twice daily (heart health), Folic Acid 1 mg tablet every morning (cell development), Hydrochlorothiazide 25 mg tablet daily (high blood pressure), Lisinopril 20 mg tablet every morning (hypertension/heart failure), Metoprolol Succinate 25 mg every evening (blood pressure), Oxcarbazepine 300 mg tablet at bedtime (seizures), Quetiapine 300 mg two at bedtime (mood), Thiamine 100 mg tablet every morning (nervous system), Vitamin B-12 1000 MCG (microgram) tablet every morning (health blood and nerve cells), Check Blood Pressure weekly, Check pulse weekly.</p> <p>Review on 12/03/24 of client #7's October 2024 thru December 2024 MAR revealed: -October 2024-Divalproex Sodium refused 10/22/24, Metoprolol Succinate 25mg refused 10/22/24, Quetiapine 300mg refused 10/22/24, Fish Oil 1000 mg 10/22/24 refused, Oxcarbazepine 300 mg tab 10/22/24 refused, Atorvastatin 20 mg refused 10/22/24. -November 2024- Divalproex Sodium refused 11/03/24, 11/12/24/11/16/24 and 11/20/24, Metoprolol Succinate 25 mg refused 11/03/24, 11/12/24/11/16/24 and 11/20/24, Quetiapine 300 mg refused 11/07/24,11/09/24,11/15/24,11/16/24, and 11/19/24, Fish Oil 1000 mg 11/09/24,11/15/24,11/16/24, and 11/19/24 refused, Oxcarbazepine 300 mg tab 11/09/24,11/15/24,11/16/24, and 11/19/24 refused, Atorvastatin 20 mg refused 11/09/24, 11/15/24,11/16/24, and 11/19/24.</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 123	<p>Continued From page 3</p> <p>Interview on 12/04/24 client #6 revealed: -Staff offered Ted Hose daily. -He refused the Ted Hose when he was upset and if he was unfamiliar with staff. -He refused because he did not like to wear them.</p> <p>Interview on 12/04/24 client #7 revealed: -Staff offered medications. -He refused the medications if he did not want to take them.</p> <p>During interview on 12/04/24 with Medication Tech revealed: -If the client refused the medication, the staff would document it on the MAR. -The doctor was at the facility "all the time", and the staff would tell her which client refused the medication. -She was aware that all medication refusals had to be documented and an incident report was completed. She was also aware the doctor should be notified of the refusal of the medications.</p> <p>During interview on 12/04/24 with the Supervisor in Charge II revealed: -Medication refusals were documented in the electronic record. - The documentation was completed along with the incident report and the doctor was contacted through the electronic record. -She could not locate the documentation for client #6 and #7. -She was aware that all medication refusals had to be documented and an incident report was to be completed. She was also aware the doctor should be aware of the refusal of medications. -Supervisor in charge stated that she would retrain the staff on when a client refused medication.</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 366	Continued From page 5 (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 366	<p>Continued From page 6</p> <p>LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Level I incident reports were completed for any medication refusals for two of three audited clients (#6 and #7). The findings are:</p> <p>Finding #1 Review on 12/03/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 12/12/11. - Diagnoses of Bilateral subdural hematoma's and partial lobe lobotomy. - No documentation a physician or pharmacist had been notified of refusals/errors from October of 2024 to December of 2024. 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 366	<p>Continued From page 7</p> <p>Review on 12/03/24 of client #6's medication order dated 09/25/24 revealed:</p> <ul style="list-style-type: none"> -Ted hose compression stockings applied every morning and removed at night daily at 8:00 (prevent blood clots/circulation). <p>Review on 12/03/24 of client #6's October 2024 thru December 2024 Medication Administration Records (MAR) revealed:</p> <ul style="list-style-type: none"> -September 20024-Ted Hose refused 09/01/24,09/07/24,09/12/24,09/13/24,09/15/24,09/16/24,09/24/24 and 09/30/24 - October 2024 - Ted Hose refused 10/01/24,10/11/24,10/12/24,10/13/24,10/14/24,10/15/24,10/16/24,10/17/24,10/18/24,10/19/24,10/20/24,10/21/24,10/27/24,10/30/24 and 10/31/24. - November 2024-11/01/24,11/02/24,11/03/24,11/04/24,11/05/24,11/06/24,11/11/24,11/17/24,11/19/24,11/22/24,11/23/24 and 11/25/24 -December 2024-Ted Hose refused 12/01/24. <p>Finding #2 Review on 12/03/24 of client #7's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 11/16/05. - Diagnoses of Dementia, second to head trauma. - No documentation a physician or pharmacist had been notified of refusals/errors for October of 2024 to December of 2024. <p>Review on 12/03/24 of client #7's medication orders dated 11/25/24 revealed:</p> <ul style="list-style-type: none"> -Amlodipine Besylate 10 mg (milligrams) tablet daily (angina), Atorvastatin Calcium 20mg tablets at bedtime (cholesterol), Divalproex Sodium 500 mg three times daily (seizures), Fish Oil 1000 mg capsule twice daily (heart health), Folic Acid 1 mg 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 366	<p>Continued From page 8</p> <p>tablet every morning (cell development), Hydrochlorothiazide 25 mg tablet daily (high blood pressure), Lisinopril 20 mg tablet every morning (hypertension/heart failure), Metoprolol Succinate 25 mg every evening (blood pressure), Oxcarbazepine 300 mg tablet at bedtime (seizures), Quetiapine 300 mg two at bedtime (mood), Thiamine 100 mg tablet every morning (nervous system), Vitamin B-12 1000 MCG (microgram) tablet every morning (health blood and nerve cells), Check Blood Pressure weekly, Check pulse weekly.</p> <p>Review on 12/03/24 of client #7's October 2024 thru December 2024 MAR revealed: -October 2024-Divalproex Sodium refused 10/22/24, Metoprolol Succinate 25mg refused 10/22/24, Quetiapine 300mg refused 10/22/24, Fish Oil 1000 mg 10/22/24 refused, Oxcarbazepine 300 mg tab 10/22/24 refused, Atorvastatin 20 mg refused 10/22/24. -November 2024- Divalproex Sodium refused 11/03/24, 11/12/24/11/16/24 and 11/20/24, Metoprolol Succinate 25 mg refused 11/03/24, 11/12/24/11/16/24 and 11/20/24, Quetiapine 300 mg refused 11/07/24,11/09/24,11/15/24,11/16/24, and 11/19/24, Fish Oil 1000 mg 11/09/24,11/15/24,11/16/24, and 11/19/24 refused, Oxcarbazepine 300 mg tab 11/09/24,11/15/24,11/16/24, and 11/19/24 refused, Atorvastatin 20 mg refused 11/09/24, 11/15/24,11/16/24, and 11/19/24.</p> <p>Interview on 12/04/24 client #6 revealed: -Staff offered Ted Hose daily. -He refused the Ted Hose if he was upset and if he was unfamiliar with staff. -He refused because he did not like to wear them.</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530		
(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 366	<p>Continued From page 9</p> <p>Interview on 12/04/24 client #7 revealed: -Staff offered medications. -He refused the medications if he did not want to take them.</p> <p>During interview on 12/04/24 with Medication Tech revealed: -If the client refused the medication, the staff would document it on the MAR. -The doctor was at the facility all the time, and the staff would tell her which client refused the medication. -She was aware that all medication refusals had to be documented and an incident report was completed. She was also aware the doctor should be notified of the refusal of the medications.</p> <p>During interview on 12/04/24 with the Supervisor in Charge II revealed: -Medication refusals were documented in the electronic record. -The documentation was completed along with the incident report after the medication refusal and the doctor was contacted through the electronic record. -She could not locate the documentation for client #6 and #7. -She was aware that all medication refusals had to be documented and an incident report was completed. She was also aware the doctor should be aware of the refusal of medications. -Supervisor in charge stated that she would retrain the staff on when a client refused medication.</p>	V 366		