STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL096-277 B. WING 12/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY **RENU LIFE EXTENDED INC** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on December 04, 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 licensed for 24 and currently has a census of 21. The survey sample consisted of audits of 3 current client. V 123 27G .0209 (H) Medication Requirements V 123 10A NCAC 27G .0209 MEDICATION Staff will be retrained on Medication Errors and Refusals and the REQUIREMENTS requirement that Incident Reports should be submitted and transmitted to the prescribing MD. Training will be completed by (h) Medication errors. Drug administration errors the Resident Care Coordinator and the Training Specialist. and significant adverse drug reactions shall be Staff will utilize the Therap Application - Incident Reporting reported immediately to a physician or Feature, and use the Therap SComm (Secure Communication) feature to send the Incident Report directly to the Doctor. All pharmacist. An entry of the drug administered prescribing Doctors will be given access to the SComm system. and the drug reaction shall be properly recorded For Doctors that opt out of using the SComm feature, the in the drug record. A client's refusal of a drug Incident Report will be printed and faxed to the Doctor's office within 24 hours. The fax confirmation report will be scanned and shall be charted. In the event the MD office doesn't accept the fax, the Pharmacy will be notified of the refusal by fax. The Resident Care Coordinator will review the MAR Error/ Refusal Report daily and compare it with the Incident Reports to ensure that IR's are being completed. The Admin Assistant currently checks the Incident Reporting This Rule is not met as evidenced by: The Admin Assistant will monitor submitted incident reports and cross reference with the QuickMar system's Med Error / Refusal Based on record review and interviews, the reports to ensure compliance weekly. facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for one of three audited clients (#6 and #7). The RECEIVED findings are: DEC 3 1 2024 Finding #1 Review on 12/03/24 of client #6's record **DHSR-MH Licensure Sect** revealed: Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	Review on 12/03/24 or orders dated 11/25/24 -Amlodipine Besylate daily (angina), Atorvas at bedtime (cholestero mg three times daily (see capsule twice daily (he tablet every morning (chydrochlorothiazide 25 pressure), Lisinopril 20 (hypertension/heart fai 25 mg every evening (Oxcarbazepine 300 mg (seizures), Quetiapine (mood), Thiamine 100 (nervous system), Vital (microgram) tablet ever and nerve cells), Check Check pulse weekly. Review on 12/03/24 of thru December 2024 M-October 2024-Divalpro 10/22/24, Quetiapine 30 (10/22/24, Quetiapine	f client #7's medication revealed: 10 mg (milligrams) tablet statin Calcium 20mg tablets statin Calcium 20mg tablet of the calcium 20mg tablet daily (high blood of tablet daily (high blood of tablet every morning stablet every morning stablet at bedtime 300 mg two at bedtime mg tablet every morning min B-12 1000 MCG of tablet every morning stablet every morning st	V 123			

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PRINTED: 12/16/2024 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 B. WING MHL096-277 12/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY RENU LIFE EXTENDED INC GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 123 Continued From page 3 V 123 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. Interview on 12/04/24 client #7 revealed: Staff offered medications. -He refused the medications if he did not want to take them. 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

During interview on 12/04/24 with the Supervisor in Charge II revealed:

-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.

- -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.

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medication.

PRINTED: 12/16/2024 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL096-277 12/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY RENU LIFE EXTENDED INC GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 366 27G .0603 Incident Response Requirements V 366 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: attending to the health and safety needs of individuals involved in the incident; (2)determining the cause of the incident: developing and implementing corrective (3)measures according to provider specified timeframes not to exceed 45 days; developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5)assigning person(s) to be responsible for implementation of the corrections and preventive measures; 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 maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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

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regulations in 42 CFR Part 483 Subpart I. (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

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if different; and

(D)

LME in whose catchment area the provider is located and to the LME where the client resides.

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

issue a final written report signed by the

PRINTED: 12/16/2024 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL096-277 12/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY **RENU LIFE EXTENDED INC** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 366 | Continued From page 6 V 366 LME may give the provider an extension of up to three months to submit the final report; and immediately notifying the following: (3)(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different: (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;

(D) the Department:

(E) the client's legal guardian, as applicable; and

(F) any other authorities required by law.

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:

Finding #1

Review on 12/03/24 of client #6's record revealed:

- 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.

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Review on 12/03/24 of client #6's medication order dated 09/25/24 revealed: -Ted hose compression stockings applied every morning and removed at night daily at 8:00 (prevent blood clots/circulation). Review on 12/03/24 of client #6's October 2024 thru December 2024 Medication Administration Records (MAR) revealed: -September 20024-Ted Hose refused 09/01/24,09/10/24,09/15/24,09/15/24,09/16/24,09/21/24,409/13/24 - October 2024 - Ted Hose refused 10/01/24,10/11/24,10/11/24,10/13/24,11/13/24,11	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
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- 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. Finding #2 Review on 12/03/24 of client #7's record revealed: - 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. Review on 12/03/24 of client #7's medication orders dated 11/25/24 revealed:		thru December 2024 Medication Administration Records (MAR) revealed: -September 20024-Ted Hose refused						
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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	6	daily (angina), Atorvasta at bedtime (cholesterol) mg three times daily (se	atin Calcium 20mg tablets , Divalproex Sodium 500 eizures), Fish Oil 1000 mg					

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electronic record. -The documentation was completed along with

the incident report after the medication refusal and the doctor was contacted through the electronic record.

-Medication refusals were documented in the

-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.

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